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ABSTRACT

This document reports on the design, purpose, and outcomes of a 1998 policy forum which reviewed the evolution of the continuum of special education services, identified critical issues related to the continuum, and recommended new directions for the continuum. The forum recommended a new vision for a continuum designed to provide comprehensive, multifaceted, holistic, and integrated strategies, options, and supports for students with disabilities. The first section describes the background and organization of the policy forum. A review of the process and outcomes summarizes the following: introductory comments; the presentation by Bob Silverstein; initial perspectives regarding the new image of the continuum; development of a comprehensive, multifaceted, integrated continuum; a presentation by Howard Adelman; parameters of a new continuum; graphic representations; barriers to implementation; policy considerations; practice implications; research implications; and other implications and considerations. Appended are a participant list, the forum agenda, the background paper prepared for the forum, "The Continuum of Educational Options: Past, Present, Future" (Judy Schrag), additional brief papers by Howard Adelman, the initial output of the forum small group work, and a copy of the graphic representations developed to illustrate the new visions for the continuum. (DB)

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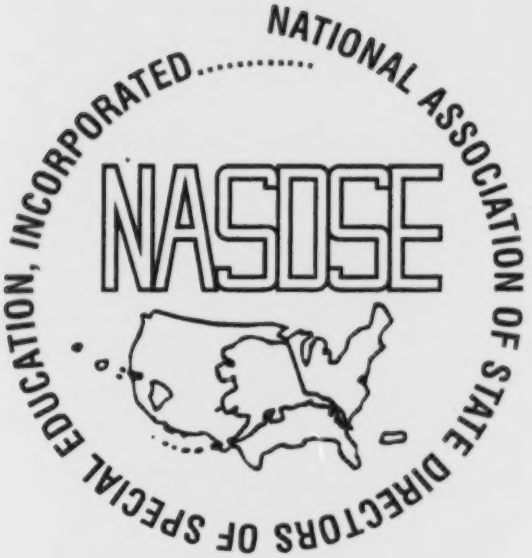
A FORUM ON THE CONTINUUM REVISITED



Final Report
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ABSTRACT

This document reports on the design, purpose, and outcomes of a policy forum entitled *Continuum Revisited* held the Ramada Plaza Old Town, Alexandria Virginia on February 2-3, 1998. The forum was convened by Project FORUM, a contract funded by the Office of Special Education Programs of the U.S. Department of Education and located at the National Association of State Directors of Special Education (NASDSE). Participants included state and local administrators, general and special education teachers, researchers, advocates, and parents. In addition, several OSEP and Project FORUM staff participated in the forum.

The *Continuum Revisited* forum was guided by an overall assumption that the continuum should be focused on the supports needed to provide a free appropriate public education for all eligible students with disabilities. New visions for the continuum would provide comprehensive, multifaceted, holistic, and integrated strategies, options, and supports for all children. This document contains a summary of the visions developed by forum participants for a continuum within a restructured, unified system of education.

The appendices included in this report are: a participant list; a copy of the agenda; the background paper prepared for the forum; papers prepared by Howard Adelman; the initial output of the forum small group work; and a copy of the graphic representations developed to illustrate the new visions for the continuum.

A FORUM ON THE CONTINUUM REVISITED

ORGANIZATION OF THE POLICY FORUM

Background and Purpose of the Forum

The provision of a free appropriate public education (FAPE) as mandated by the Individuals With Disabilities Education Act (IDEA), has been intertwined with educational decisions involving the least restrictive environment (LRE). The language of the LRE within IDEA refers to placements (e.g., special classes, regular classes, public or private institutions, or other care facilities). The current and proposed federal rules for IDEA further require that placements be made from a continuum of options. The Congressional intent, as stated in the Senate and House Committee Reports related to the IDEA Amendments of 1997, is that special education is a set of services, not a place. Although not intended, the closely-related concepts and language of LRE and the continuum within federal law and federal regulations have led to practices that view special education as a place to which students with disabilities are sent and within which they receive services. In addition, state rules and regulations in several states across the country have, in the past, paired teacher certification requirements with teaching locations (e.g., teachers of students with learning disabilities may only teach in certain types of classes). These state regulations have reinforced the mindset that special education is a program or placement outside of the general education classroom.

The background paper provided for participants in advance of the forum provided a graphic description of the various continuum and least restrictive environment models that have evolved over the past twenty years (e.g., Deno's Cascade of Services Model, Reynold's Hierarchy of Special Education Programs, Aloia's Horizontal Continuum Model, Grotsky's Continuum of Education Placements Model, and Reynolds's and Birsch's Revision of the Cascade Model, and Taylor's New Community-Based LRE Continuum Model). As these various models have been implemented, the general education classroom has been viewed as the least restrictive placement, where the least intensive services were provided, and the least amount of resources were targeted. As students were placed across the continuum to more restrictive settings, more significant resources were provided to meet the needs of students with disabilities. This was not the original intent of the law, but, rather, played out in practice. The Congressional intent was that students with disabilities would have available to them all of the supports needed to meet their educational needs regardless of placement within the full continuum of options.

In order to re-visit the concept of the continuum within the context of school reform and the expanded vision of the IDEA Amendments of 1997, Project FORUM at the National Association of State Directors of Special Education (NASDSE) joined the Office of Special Education Programs (OSEP) to plan and convene a policy forum on this topic. In the planning of this forum, it was determined that the concept of the continuum would be considered within the context of the following provisions of the IDEA Amendments of 1997:

- Alignment of IDEA with state and local education improvement efforts so students with disabilities can benefit from them.
- Focus on teaching and learning.
- Development of state performance goals for children with disabilities, addressing key indicators of success of educational efforts.
- Improvement of results for students with disabilities through higher expectations and meaningful access to the general curriculum to the maximum extent appropriate.
- Inclusion of children with disabilities in general state and district-wide assessments, with appropriate accommodations.
- Reporting to parents on the progress of their child with a disability as often as such reports are provided to parents of children without disabilities.
- Provision of the knowledge and training for families and teachers to effectively support students' learning.
- Provision of a free appropriate public education (FAPE) to students with disabilities who have been suspended beyond 10 days or expelled from school through the use of alternative, educational settings.
- Strengthening of early intervention to help ensure that every child starts school ready to learn.
- Implementation of placement-neutral state funding systems.

This policy forum was convened with the following purposes:

- ★ To review and consider the origins and the evolution of the continuum of programs and services for students with disabilities over the past 20 years.
- ★ To identify critical issues related to the continuum.
- ★ To recommend new directions for the continuum.

Preparation for the Forum

Project FORUM staff met twice with OSEP personnel to plan this forum and to identify participants. Participants were chosen to provide several different perspectives on the implementation of the continuum within a vision of reform and school restructuring. Participants included those representing students with deaf and hearing impairments, serious emotional disturbance, severe disabilities, and learning disabilities. In addition, a number of roles were represented including OSEP staff, NASDSE staff, state directors of special education, a local school superintendent, special schools, local director of special education, school principal, researchers, higher education personnel, classroom teachers, parents, and advocates. A list of participants is included in Appendix A. The forum agenda can be found in Appendix B.

To provide background information, a paper entitled, *The Continuum of Educational Options Past•Present•Future* (Schrag, 1998) was developed and sent to the participants prior to the forum. This paper can be found in Appendix C. In addition, papers written by Dr. Howard Adelman, one of the forum participants, were distributed at the policy forum. This material was provided to

stimulate discussion and to serve as reference material. Dr. Adelman's materials are included in this report as Appendix D.

PROCESS AND OUTCOMES

Introductory Comments

The *Continuum Revisited* forum was held on February 2-3, 1998 at the Ramada Plaza Old Town, Alexandria, Virginia. The meeting began with welcoming remarks by Eileen Ahearn, Director, Project FORUM, and Tom Hehir, Director, Office of Special Education Programs. Judy Schrag, Project FORUM, provided background/context for the forum and an orientation to the purposes of the forum. Participants introduced themselves and shared brief comments regarding the perspectives that they brought to the forum.

Presentation by Bob Silverstein, Esq.

Bob Silverstein, past staff director and chief counsel for the Senate Subcommittee on Disability Policy and counsel to the House Subcommittee on Select Education, presented his perspectives on the origins of the continuum and its evolution over the past twenty years. He began his presentation with the perspective that the issue should not be on reconsidering the continuum, but on the implementation and use of the term, *special education*. Too many public school officials have come to believe that there is a separate system called "special education" where only special educators can provide a free appropriate education (FAPE) to children with disabilities. The focus should, rather, be on providing a set of supports and accommodations that enable a child to receive FAPE.

The legislative history was provided as a context to the continuum and its interpretations. The legal language of the continuum in the IDEA Amendments of 1997 is essentially the same as in P.L.94-142 passed in 1975. The regulations within Section 504 of the Rehabilitation Act are also consistent with IDEA. It is assumed that FAPE can be provided in varying environments, but should be provided to the maximum extent possible in the regular class with necessary supportive services. Mr. Silverstein indicated that, in practice, the interpretation of law and regulations as well as legal precedents have placed an emphasis on the provision of FAPE by special education and related service personnel and not including general education personnel. For example, in 1993, in the *Board of Education, Sacramento City Unified School District v. Holland* case, it was argued by the local school district that students in special education can receive their special education only from certified special educators and not classroom teachers more broadly.

Mr. Silverstein re-emphasized the new provisions within the 1997 IDEA Amendments that address the fundamental provision of the necessary aids and services. Given the *unique needs* language, the presumption is that these supplemental aids and services will be provided in the general education classroom for students with disabilities who can benefit from such services. The new requirement that each state must have a neutral state funding mechanism also places emphasis

on the assumption that both general and special educators will be a part of the process of providing supplemental aids and services for students with disabilities. There continues to be confusion. The language of FAPE is a focus on student needs and to assure that all students have access to the general education curriculum regardless of where those services are provided within the continuum. Too many people, unfortunately, assume that "special education is what special education teachers do," and that general educators have little or no responsibility for meeting the needs of students with disabilities.

Mr. Silverstein stressed that there is not a need to change the continuum, but rather to put up front the very powerful statement that IDEA is about providing an effective and meaningful opportunity for children with disabilities. Providing an appropriate education in the general education class or another setting involves effective and meaningful strategies. The problem has been with the view that providing FAPE to students with disabilities denotes a different type of education. We need to focus on the concept of a shared responsibility of educating students with disabilities as well as all students across all educators--special and general education. Within that shared responsibility, however, it will be necessary to continue to be important to have a local administrator of special education as an institutional in-house advocate. This expertise, however, has to expand to all administrators within the school system.

Initial Perspectives Regarding the New Visions for the Continuum

Following the initial forum presentations, Marilyn Crocker, conference facilitator, worked with the group to generate guidelines for small group discussion. Three small groups formulated initial questions and issues regarding new visions for the continuum. A complete listing of the issues were identified by the participants within the small group discussions during the first day of the forum are presented in Appendix E.

The list of issues found in Appendix E can be placed into the categories of *Conceptual Approach, Philosophy, Use and Meaning of Words, Operational Considerations*, and *Resource Availability*. Some of the issues articulated by the groups can be placed in more than one of these categories.

Many issues were raised which are *conceptual* in nature. In general, the groups indicated that the concept of continuum is too linear in nature and should be conceived of as many resources which are used when needed to assist in achieving student goals and objectives. Other participants thought that there is a continuum of different educational student needs which also is not linear and should link to resources which enhance educational opportunities. Several forum participants identified problems with the present continuum concept including: placement and service take the emphasis away from the child as a person, the disability diagnosis receives more emphasis than the educational instruction methodologies needed, assessment dictates placement more than educational need, and the dichotomy (conceptually and in practice) between special education and regular education is very limiting.

Forum participants also raised issues relating to the *philosophy* surrounding the continuum. They felt that the things we believe in with regard to education for all children should be considered in developing a new vision of the continuum. They felt that each student maximizes his/her potential differently, and the general curriculum should facilitate the different methods. The needs of the child should be central to all educational effort, regardless of the educational environment provided.

The groups identified *words and their use* as limiting issues relating to the continuum. They suggested that the word "continuum" connotes a linear set of options, and that this is restrictive. They also indicated that the words "regular" and "special" are restrictive. They felt that the new continuum concept should be free of the word or concept "place." They also suggested that "learning environment" is better than "placement."

Several operational considerations emerged as issues from the discussion. Most of these issues were placed in the form of questions such as:

- How can we use special educators in new ways?
- How can we increase parental awareness of services and supports and inform parents of options —in spite of limited personnel and funding?
- Do all students receive proper services from wraparound approaches? What must be done in teacher preparation programs to bring about increased collaboration across general and special education?

It was also noted that some *resource availability issues,* such as the influence of class size and the restructuring occurring in schools and districts, need to be considered in the new vision of the continuum. Other resource issues centered about the need for intense support and treatment for children with serious handicapping conditions in rural and remote areas.

Development of a Comprehensive, Multifaceted, Integrated Continuum

Following this initial discussion of the issues related to a new vision for the continuum, Howard Adelman, a forum participant, provided his perspectives on addressing barriers to student learning and implications for a comprehensive, multifaceted, integrated continuum of policy and practice. Appendix D includes a copy of papers developed by the Center for Mental Health in Schools, University of California at Los Angeles (UCLA), that were used within his presentation. He indicated that current reform efforts predominantly focus on improving instruction (e.g., increased standards and a focus on improved student results) and school management (e.g., site-based management), with little attention paid to restructuring and enhancing resources that address barriers to learning impacting students with special needs. As a result, too many students are unable to take advantage of promising instructional reforms and personalized practices. This is a central paradox in school reform.

Dr. Adelman discussed the range of learners categorized in terms of their response to academic instruction. The first group is motivationally ready and able, which may be only 10% of

the total students in some urban, diverse school districts. The second group are not very motivated students who lack prerequisite knowledge and skills. They have different learning rates and styles and have minor vulnerabilities. The third group are avoidant and very deficient in current capabilities. They may have a disability or a major health problem. Few children start out with internal problems that interfere with learning what the schools teach. Further, all learners have assets, strengths, and protective factors that can contribute to success. They have differences that require some degree of personalization by instructional systems and may internalize negative experiences that interfere with learning at school.

The barriers to learning were discussed with the assumption that there is a need to enable learning by attending to as many barriers that interfere with learning as is feasible. Attending to these barriers requires making fundamental changes in education support and finding ways to integrate these activities with community resources. Current school reform activities contain an instructional component and a management component, but fail to include an enabling component to help a relatively large population of students benefit from instruction. A comprehensive integrated continuum of community and school programs is needed. Such a continuum:

- encompasses a holistic and developmental emphasis;
- requires a significant range of multifaceted programs focused on individuals, families, and environments;
- uses the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity;
- has inter-program connections essential on a daily basis and over time; and
- includes seamless systems of prevention, systems of early intervention to address problems as soon after onset as feasible, and systems of care for those with chronic and severe problems.

Developing a comprehensive, integrated approach for addressing barriers to learning requires:

- more than outreach to link with community resources (and more than adopting a school-linked services model);
- more than coordination of school-owned services;
- more than coordination of school and community services; and
- more than Family Resource Centers and Full Service Schools.

In proposing a continuum of community-school programs/services that is comprehensive, multifaceted, and integrated, Dr. Adelman urged a review of policy issues. He indicated that it is ludicrous to look just at increased standards. It is essential to also focus on the things that are needed to help alleviate student barriers. For example, there is a need to re-think what school psychologists and others do. At the program level, we do not trace what happens at the school level. It is important to start at the school level, and move up "the food chain" of support in what schools do to support student barriers to learning. Examples include classroom-focused enabling strategies, prevention, student and family assistance, community outreach/volunteers, home involvement in schooling, support for transitions, and crisis/emergency assistance. Revising the perception of the

continuum needs to be within this framework--a part of systemic, educational reform. It is important to not just look to the schools to carry out these efforts, but to weave the school and the community together.

Parameters of a New Continuum

With the background provided prior to the forum and during the first morning of the forum, participants conducted small group discussions to identify parameters to be considered for a new vision for the continuum. The issues and parameters identified by the participants can be placed into the following three categories *Conceptual*, *Operational*, and *Outcomes* (see Appendix F for the full listing). These categories are not mutually exclusive and, therefore, some of the issues articulated by the groups can be placed in more than one of these categories.

Many issues were raised which are *Conceptual* in nature. In general, the groups indicated that the parameters of the continuum should be conceptually realistic and practical, focus on the individual child, assume the family is key in the child's life, focus on strong collaboration with all agencies, view agencies as providing an array of services, and create sustained coordination and ownership between special and general education. Other issues identified included incorporating prevention and early intervention programs and being reflective of student strengths and needs, measurable student goals, and a full range of environments of supports and services. In addition, forum participants identified the need for a well-prepared staff with adequate preservice training and ongoing opportunities for skill development in order to provide a rich array of continuum supports for children with disabilities. There was also an assumption that the continuum of supports should support a child's access to the general education curriculum.

Several *Operational* considerations emerged as parameter issues. These issues included flexible and blended funding streams, sufficient fiscal and human resources, and strong leadership. In addition, the continuum of options should reflect and incorporate the body of effective research findings, consider the impact of school-level control of resources, assume appropriate school-level support for teachers, consider peers with and without disabilities in the child's program, and reflect expanded interagency efforts.

Finally, the *Outcomes* continuum parameter was identified by a forum participants as important. *Outcomes* included continuum supports that move the child toward independence; provide more not less opportunities; and result in system changes that are necessary to promote healthy (physical, social, emotional, growth and educational) outcomes.

Graphic Representations

As a component of the work of the three small participant groups, several graphic representations of a new continuum within the context of reform were developed. These graphic representations are found in Appendix G. All of them view the continuum as an array of community, school, and cross agency options and supports that are comprehensive, multi-faceted, and integrated. There were several similarities across new visions for the continuum:

- Child-centered/child-focused/family centered—recognizing the totality of the child.
- Non-linear—to represent fluid, dynamic, and changing supports.
- Staffed by teachers trained to work with complex student diversity and quality leadership.
- Integrated with the community (e.g., multiple agencies, and other services).
- Flexible and responsive.
- Based on a collaborative approach.
- Developed with bottom-up and the top-down leadership.

Barriers to Implementation

Forum participants spent the second morning of the forum discussing implementation of a new continuum (e.g, comprehensive, multifaceted, integrated set of enabling supports). The following implementation barriers were identified by forum participants:

What is Unknown, Unclear, or Not Understood

- Lack of understanding and definition of access to general curriculum.
- Lack of understanding of how to apply the continuum to all students.
- Information gaps--need more empirical data to support current practices.
- Lack of knowledge of promising practices.
- Lack of understanding by the public.
- Lack of parental awareness.
- Incomplete, imprecise, and inconsistent definition of terms, subject to multiple interpretations.
- Insufficient ways to communicate the body of knowledge.
- No common language across state agencies.
- Imprecise language for describing a new vision across programs and agencies.

Negative Attitudes About Resource Re-distribution and Systemic Change

- Tax payer resistance for allocating sufficient funds for special education.
- Human resistance to change, desire to keep security, fear of the untested challenge, and need to protect the status quo.

- Intra/interagency "turfism" traditions resulting in resistance to re-allocating funds (e.g., difficult to collaborate when agencies are aligned to their own programs).
- Parental mistrust of the system based on past experiences.
- A "seize" mentality and a "backlash to special education
- Issues of ingrained structures.
- Perceptions by direct service providers that this is "more of the same"--no view of the big picture.
- Perception of disproportionate resources being used to serve fewer children.

Policies that Fragment and Marginalize Essential Interventions

- Lack of commitment to deal with poverty.
- Failure to address issues of diversity.
- Lack of an overarching belief system or conceptual framework.
- Lack of expectations and hope for the future of our children.
- Notion of a single, unified system not imbedded in all of our thinking.
- Perception of conflicting priorities in school districts (e.g., higher standards and inclusion).
- Perceptions about lack of cohesion.
- Limited funding as a result of taxpayer resistance to allocate sufficient funds–reinforced by tax caps/budget neutrality laws with the states.

Inadequate Capacity Building

- Lack of personnel trained in systems change and service coordination.
- Professional development issues.
- Insufficient ways to deploy staff in new ways (i.e., consultation model, co-teaching, and use of parent personnel).
- Lack of leadership (e.g., research and evaluation)–existing practices "squelch new thinking".
- Enrollment growth which stresses facilities.
- Instructional issues - class size, collaborative teaching models, and instructional strategies for meeting the needs of students.
- Lack of remedial programs in general education (reading).
- Limited opportunity for reflection.
- Increased stress caused by time barriers (e.g., six hours a day) that prevent sufficient time for collaboration across general and special education and with other agency partners..
- Need for financial incentives for innovation.

Inadequate Compliance with the Law

- Conflicting regulations across federal, state, and local levels. For example, one state's regulations do not allow early special education

childhood personnel to work in state-funded preschool programs because of conflicting certification requirements.

- Basic impediments in the law (e.g., the word placement is interpreted as being a "place").
- Fragmented policies.
- Incomplete, imprecise, inconsistent definitions of terms, subject to multiple interpretations.
- Basic design of the IEP.
- Compliance governs many of our procedures--stifles creativity.
- Failure to enforce the law.

Difficulty Fitting into Current School Reform Agenda

- Lack of viable partnerships.
- No common language across state agencies.
- Lack of trust.
- Absence of multiple stakeholders at the table in a critical mass in order to reflect all viewpoints.
- Inadequate job of bringing problems back to the community - "everyone's solutions.
- Insufficient ways to communicate ways to use the body of knowledge regarding effective ways to work with diverse students.
- Major differences across the groups.

Disconnected Accountability

- Issues of large scale assessment.
- Lack of accountability--local level on up.
- Lack of evaluation and research capability as well as commitment at the school district level.

Policy Considerations

Forum participants were asked to identify various policy considerations that would facilitate a new perception of the continuum. Policy considerations that were identified include:

Develop a Policy Framework/Master Plan for a Comprehensive, Integrated, Continuum

- Develop a policy conceptual framework that encompasses all education, rather than current policies that are based on individual programs (e.g., model a collaborative approach). This policy conceptual framework should support a unified system that meets the needs of all children with built-in protections that do not harm one population of students versus another.
- Develop a master policy model or construct at the federal level regarding key elements of good practice in the schools and classrooms.

- ❖ Model coordination and collaboration at the state and federal level that will support collaboration in service delivery and funding.

Develop and Operationalize a Prototype of a Comprehensive, Integrated Continuum

- ❖ Carry out restructuring to eliminate duplication caused by a separate special education system, while retaining accountability for the use of funds as well as for student outcomes.
- ❖ Provide opportunities for related service and support service staff to become involved in policy development.

Enhance Financial Incentives and Minimize Disincentives

- ❖ Provide financial incentives needed for changes such as insuring that funding follows the child. For example, if a child is moving from a more to less restrictive environment, funding should follow the child to pay for needed services, rather than a formula to simply drive the money. Medicaid dollars should flow back to the local district. In some areas, the local appropriating authority keeps Medicaid recovery funds. Funds spent for out-of-state placements should be available for community-based programs.
- ❖ Hold third party providers accountable for medical services. Cost shifting should be eliminated without consequence to the parents (e.g., reduction of benefits).
- ❖ Jointly fund projects and initiatives at the federal level that foster integrated and coordinated services.
- ❖ Implement funding formulas that fully support appropriate supports for all children.

Ensure that IEP Guidelines and Compliance Procedures are Congruent With New Directions

- ❖ Change policies regarding the contents of the IEP (e.g., there should be more emphasis on allowing creativity focused on what is good for the child, rather than upon "dotting i's and crossing t's").
- ❖ Move compliance procedures beyond "gotcha" and allow for creativity at the local district and classroom level.
- ❖ Alter federal monitoring policies that are currently a barrier to creativity and change (e.g., focus on procedural compliance rather than on accountability for student results).

Provide a Place at Decision Making Tables for All Key Stakeholders

- ❖ In planning efforts at the local, state and federal levels, involve those persons/entities who will implement change and those who will be impacted by the change.

- Bring parents to the table in a meaningful way in the development of policies related to a new image of the continuum.

Reform Higher Education in Those Areas that Effect School Reform Initiatives

- Increase collaboration of institutions of higher education with state education agencies, parents, schools, and communities to ensure availability of appropriately-trained personnel.
- Develop and/or revise policies related to higher education that go beyond the current "individual entrepreneur shops".

Practice Implications

Following are strategies identified by forum participants that are related to practice refinements necessary for the development of a more comprehensive, integrated, multi-faceted continuum of supports within the context of school reform. These practice strategies include:

Identify and Widely Disseminate Best and Promising Practices Related to the Continuum

- Identify best practices, including those implemented through major consent decrees, and disseminate through creative options. "Help people know how to implement.
- Educate communities regarding the values of inclusion of all students (with or without modifications) in state and local assessments.
- Use proactive marketing techniques to dispel myths and to re-educate the public, the schools, and the leadership regarding the need for a unified and integrated educational structure (across educational programs and across education and other social services) that effectively serves all children
- Provide orientation and training for school boards regarding the benefits of a unified vision.
- Create an umbrella web page to demonstrate promising practices--both fiscal and intervention.

Appropriately Involve all Key Stakeholders

- Change practices regarding the contents of the IEP.
- Increase trust between school personnel, parents, and students.
- Seek research partners in order to assess the ongoing implementation of change (e.g., institutions of higher education, consultants, etc.).
- At the state and local levels, involve multiple stakeholders in the planning/implementation of change (e.g., legitimized, with a clear role, and with voting responsibilities).
- Solicit directly from families their aspirations and goals for their children.
- Implement strategies to encourage administrative organizations to advocate for unified educational systems that effectively deal with all students.

- Expand collaboration, including orienting non-education personnel to educational environments.
- Hold forum(s) to encourage interagency dialogue and planning regarding the continuum (with OSEP taking the lead). Replicate this forum concept on the state and local levels.
- Collaborate at the local level (e.g., local education agencies) with universities to ensure personnel with needed skills and capacities are available.
- Within personnel preparation programs, build alliances with parent organizations to train personnel to work with families, disseminate what works with families and to find out what benefits parents.

Attend to Capacity Building in a Comprehensive Manner

- Implement a master plan that incorporates a unified system.
- Take leadership at the state level to create rewards for research, evaluation, and dissemination.
- Use Title 11 as a resource to produce needed change.
- Make efforts to change leadership training in order to prepare effective leaders.
- Allow and encourage risk taking by leaders, with assurances and protections for the outcomes.
- Support and protect the development of emerging leadership that encourages and facilitates the development of integrated and coordinated systems.
- Implement strategies for developing student leadership and mechanisms for student input.
- Fully implement policies within the IDEA Amendments of 1997 regarding increased parental involvement.
- Use the new State Improvement Plan supported by IDEA as a vehicle to evaluate meaningful progress toward the unified vision.
- Design, foster, and support schools as community centers.
- Train personnel to effectively work with families.
- Teach school staff to ensure the inclusion of all students in changes resulting from educational reform.
- Implement efforts to teach people how to plan.
- Utilize assistive technology and other innovative technology.
- Expand the school beyond a place to learn.

Minimize Disincentives for Efforts to Move in New Directions

- Consider differences across school districts (e.g., size, socio-economic status, etc.).
- Assure ample time to plan, collaborate, and implement change at the state and local level.
- Implement common language to insure communication across school staff, parents, community members, and other agency personnel.

- ❖ Inform the public and school district officials that students with special needs bring in money into the community (e.g., Medicaid).

Use Evaluation and Accountability for Results to Support Development of a Comprehensive, Multi-faceted, Integrated Continuum

- ❖ Implement effective accountability systems that are results-oriented.
- ❖ Identify common outcomes.

Research Implications

In the small group discussions, the following research implications were identified:

Enhance Collaborative Practices

- ❖ Conduct research on different models of collaboration and unifying of efforts.
- ❖ Get researchers to collaborate in school settings, including urban schools (e.g., ensure input into research from all school personnel who will implement and be impacted by the findings).

Improve Use of the IEP Related to the Continuum

- ❖ Explore ways to make the IEP a viable tool for educators. If the IEP is not a tool that has practical meaning, why are we using it? We need the IEP to assure an effective connection with the general education curriculum as well as to provide value added support for the child's specific disability.

Improve Inclusionary Program and Assessment Practices

- ❖ Explore how inclusion in large scale assessment happens for students with disabilities.
- ❖ Identify and disseminate research and effective practices regarding positive behavior supports and functional behavior strategies, as well as the impact of implementing these supports and strategies (e.g., school safety, dropout rates, and school attendance).
- ❖ Demonstrate that excellence and equity are not mutually exclusive.
- ❖ Carry out research to support inclusion of all students in state/local testing. For example, aggregate or disaggregate test data to demonstrate the impact of inclusion of results for students with disabilities. (e.g., Kansas has just finished some research in which students with disabilities scored higher on their state assessment, including 60% of the students with disabilities. When all students were included, there was only one point difference in the overall scores between those with and without disabilities. Research should demonstrate this impact in other states, as well.)

Improve Individual and Program Evaluation

- ❖ Identify outcomes for children with and without disabilities.

- Look at our unintended consequences--are we really working to improve things for all students?
- Analyze current accountability procedures that are impacting the range of options for students with disabilities.
- Provide state leadership for seeking research and evaluation partnerships in each school district.

Replicate/Scale-up New Approaches

- Study the change process (e.g., what works at the state and local level).
- Conduct a "think-tank" analysis of literature on effective practices.
- Explore appropriate and effective uses of paraprofessionals.
- Identify ways to improve leadership.
- Study the change process at the state and local levels as well as disseminate and share effective and ineffective change strategies.
- Develop a new form of policy research that puts special education back into perspective (e.g., studies special education within the whole system).
- Research the impact of continuum changes within school districts that involve schoolwide projects and incidental benefits as a result of new provisions within the IDEA Amendments of 1997.

Other Implications and Considerations

In addition to policy, practice, and research implications, forum participants identified the following other implications and considerations related to the new concept of the continuum within the context of school reform:

- There is a need for a vision of where we want to be in five years related to a unified structure with a comprehensive, multifaceted, integrated continuum of options and supports across educational programs and across all social services.
- There is a need for an articulated belief and philosophy that undergirds policy.
- Staff at all levels need to know how to use the existing knowledge base (i.e., research and practice).
- It is essential to build and expand mechanisms across organizations to better work together to build shared responsibilities.
- Students belong where they belong and don't have to prove or earn their right to belong.
- Specific considerations are necessary to fit with all school districts--urban and rural, and diverse and less diverse.
- We have looked to the federal level and to the courts to fill policy and practice gaps. States and school districts should take the responsibility to fill those gaps consistent with their overall reform and restructuring efforts.
- There is additional leadership needed at the state and federal level to unify policies and practices across all major agencies providing support for children and youth.

SUMMARY AND NEXT STEPS

The overall goals of the *Continuum Revisited* forum were met—to review the evolution of the continuum, to identify critical issues related to the continuum, and to recommend new directions for the continuum (e.g., parameters; barriers to implementation, policy, practice, and research implications; and other considerations). Forum participants agreed that new visions for the continuum need to be carried out not apart from, but within the context of reform and restructuring and within the spirit and changes of the IDEA Amendments of 1997. In doing so, participants agreed that the driving force of changes should support a quality education for all students and the specific provision of FAPE for students with disabilities. It is important to note that the forum participants represented a number of job roles, perspectives, and the broad spectrum of disabilities, including several participants who represented students who are deaf and have hearing impairments as well as those students who have serious emotional disturbance, severe disabilities, and learning disabilities. Despite the diversity of forum participants, there was considerable agreement regarding issues, challenges, and new continuum visions.

A new vision for the continuum provides comprehensive, multifaceted, holistic, and integrated strategies, options, and supports for all children--including prevention, early intervention to address problems at onset, and systems of care for those with severe, chronic, or intense problems serving as barriers to learning.

Several graphic representations of a new continuum within a restructured, unified system were proposed. These representations were non-linear depicting fluid, flexible, and dynamic supports responding to changing child and family needs. Barriers to implementation of a new continuum within an integrated system were identified in the following areas: knowledge and information, resistance to change, attitudes/perceptions, commitment/priorities, staff development/training, law/regulations/policies, partnerships/collaboration/communication, school issues, accountability/evaluation/assessment, use of staff, leadership, and funding.

Forum participants generated policy, practice, and research implications as well as other considerations. In identifying policy considerations, participants agreed that policy changes must be across programs and agencies. Although it was recognized that attitude and other practice changes do not necessarily require new money, sufficient resources, including sufficient funding as well as trained and skilled personnel and leadership, are essential. It is also important to consider the compounding impact of poverty on the policy and practice considerations identified. Participants noted that the university structure as an entrepreneurial enterprise should be considered and altered to ensure sufficiently-trained quality personnel to guide and implement new structures, roles, responsibilities, relationships, and supports within the schools.

It was noted that policy and implementation barriers identified by forum participants do not seem unsurmountable compared to the past. The educational system personnel, other agency

personnel, and parents appear to be more in agreement about the work to be done in unifying our efforts. The emphasis now is not "can we make this change?" but rather "how can this change occur"? and "how soon?" Participants were in agreement that we currently have a "window of opportunity" with critical reform forces to move in the directions of a new continuum within a unified system of strategies, options, and supports to overcome barriers to learning and to facilitate quality education for all students.

Relative to research implications and recommendations, there was strong consensus that current research findings need to be widely disseminated to impact practice and change. New areas of research were identified, including those specific to putting special education back into the whole educational enterprise as an integrated rather than often isolated component.

Next steps were identified by forum participants. It was recommended that forums such as this one be replicated at the state and local levels to stimulate further change and movement toward the development of a continuum of comprehensive, integrated, and multifaceted supports for students with disabilities. Federal and/or state leadership funds would be useful to help schools develop expanded partnerships across general and special education as well as to train all teachers to work effectively with students with disabilities. Dissemination of current research and effective practices was stressed. Also, it was noted that the media should be used to disseminate examples of effective and successful efforts.

Tom Hehir, Director of OSEP, also cautioned the group that, as the system is evolving, strong accountability is needed so that groups of children with specific disabilities and/or needs do not get shortchanged. Strategies for creating the time to plan, collaborate, and implement changes also need to be provided across school staff, other agency partners, and parents. Attitude changes, staff training and ongoing development, and proactive leadership are critical. Leadership must be both top-down and bottom-up to facilitate evolution and change related to the continuum of supports for children.

APPENDIX A: Participant List

The Continuum Revisited Policy Forum

February 2-3, 1998

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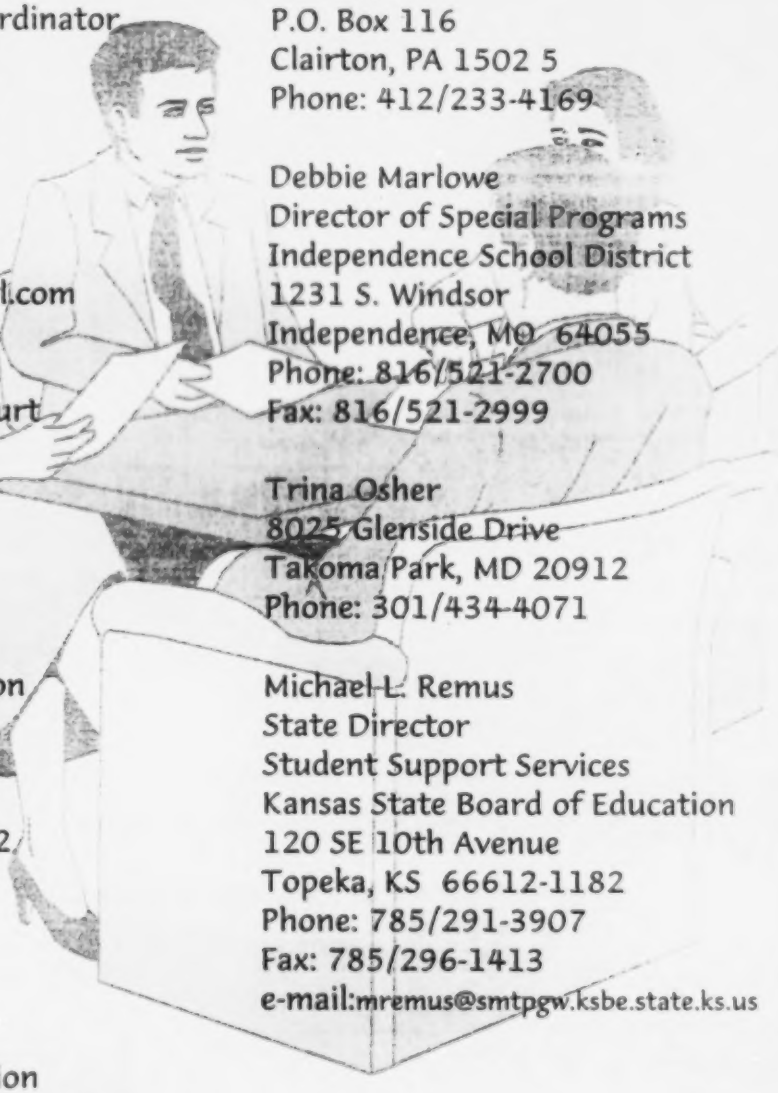

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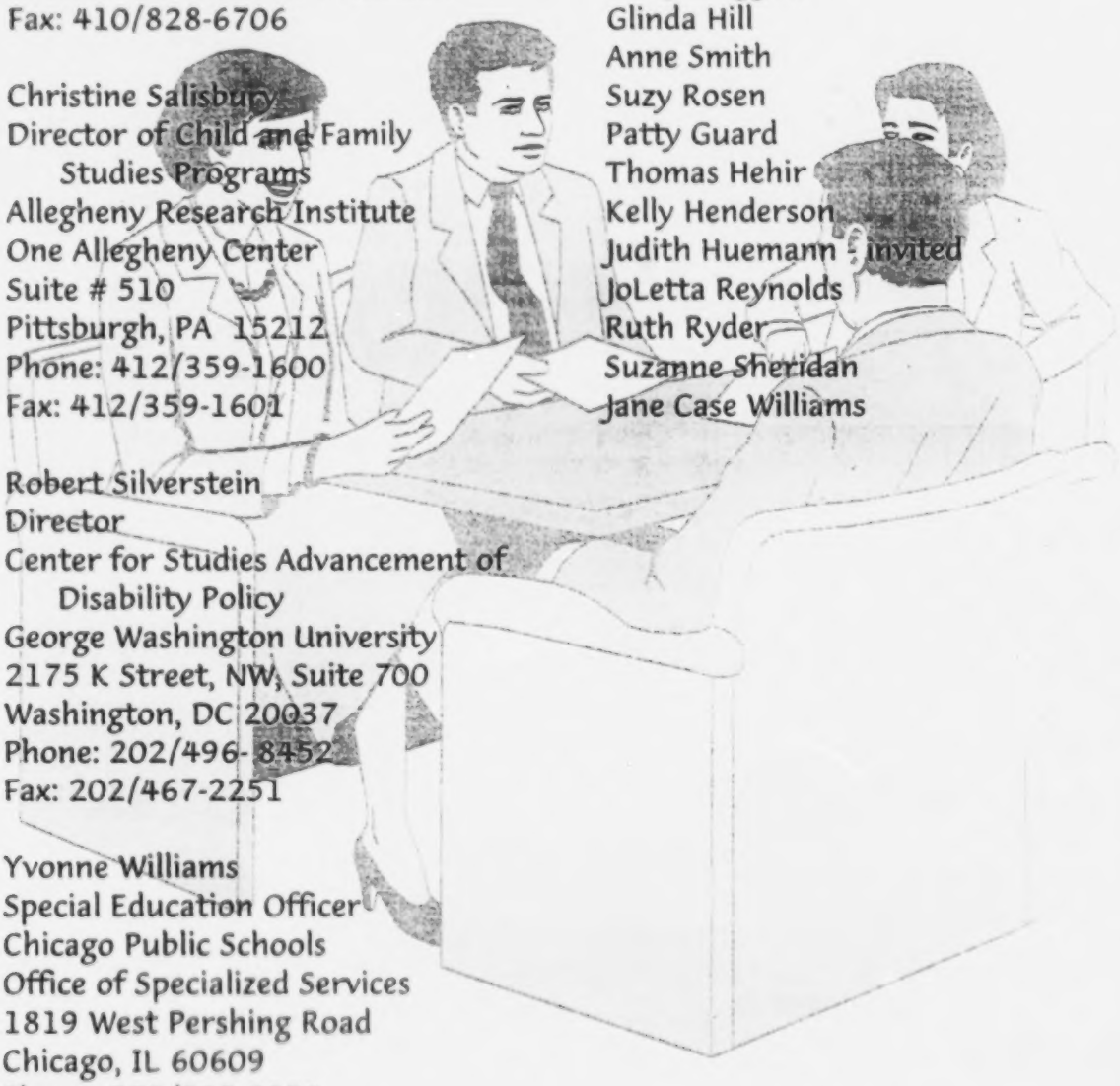
Suzy Rosen
Patty Guard
Thomas Hehir
Kelly Henderson
Judith Huemann - invited
JoLetta Reynolds
Ruth Ryder
Suzanne Sheridan
Jane Case Williams



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APPENDIX B: Forum Agenda

AGENDA

The Continuum Revisited

A Policy Forum held at
The Ramada Plaza Hotel - Old Town, Alexandria, VA

Monday, February 2, 1998

8:00 - 9:00	BREAKFAST
9:00 - 9:20	Welcome *Eileen Ahearn - Director, Project FORUM* Opening Remarks *Thomas Hehir, Director, Office of Special Education Programs*
9:20 - 9:25	Background and Goals for the Forum *Judy Schrag, Policy Consultant, Project FORUM*
9:25 - 9:45	Participants Introductions and Contributions to the Continuum *Marilyn Crocker, Forum Facilitator*
9:45 - 10:15	Origins of the Continuum *Robert Silverstein, Director, The Center for the Study and Advancement of Disability Policy*
10:15 - 10:30	Current Status/Future Directions of the Continuum *Judy Schrag*
10:30 - 10:45	BREAK
10:45 - 10:55	Guidelines for Group Discussions *Marilyn Crocker*
10:55 - 12:00	Small Group Discussions Discussion of Policy/Practice Issues and Questions
12:00 - 1:00	LUNCH
1:00 - 2:00	Addressing Barriers to Student Learning: Implications for Policy and Practice Related to the Continuum *Howard Adelman, Professor of Psychology, UCLA*

	Guided Group Reflection *Marilyn Crocker*
2:00 - 3:00	Small Group Discussions
3:00 - 3:15	BREAK
3:15 - 4:15	Continued Small Group Discussions
4:15 - 5:00	Large Group - Review of Small Group Work
5:00	ADJOURN

Tuesday, February 3, 1998

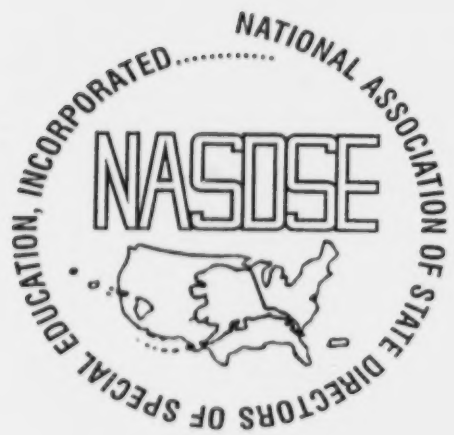
8:00 - 9:00	CONTINENTAL BREAKFAST
8:30 - 10:00	Development of Policy/Practice Recommendations - Small Groups
10:00 - 10:15	BREAK
10:15 - 12:30	Large Group Discussion/Further Work on Policy/Practice Recommendations *Marilyn Crocker*
12:30 - 1:30	LUNCH and Summary, Conclusions, Directions

APPENDIX C: Background Paper on the Continuum

THE CONTINUUM OF EDUCATIONAL OPTIONS
PAST • PRESENT • FUTURE

A Background Paper
Policy FORUM on the Continuum
February 2-3, 1998

By: Judy Schrag



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THE CONTINUUM OF EDUCATIONAL OPTIONS
PAST ● PRESENT ● FUTURE

INTRODUCTION AND PURPOSE

In its strategic action plan that was adopted in 1996, the National Association of State Directors of Special Education (NASDSE) expressed commitment to a performance-based educational system responsive to the needs of all children and youth, including those with disabilities:

> In such a system, all children reap the benefits of a free appropriate public education through effective, research-based, instructional programs and practices, based on equitable standards and high expectations for all. The general education environment, curriculum, instructional strategies, and assessments are accepted as the point of departure in the decision making process.
>
> Accommodations to the general program are strategically designed and made with precision to ensure positive results. Special education, one of the many accommodations, is considered a service rather than a place. The general education program and accommodations are enhanced by technology that is used to support the teaching and learning process. The resources of education and other agencies are employed flexibly in the delivery of services to children and families to support the total instructional efforts of schools. Attention is given to the use of inputs and processes to ensure successful individual student and system results. (NASDSE, 1996).

The Office of Special Education Programs (OSEP) has also stressed the need to view special education as a service rather than a place. OSEP has provided a vision (U.S. Department of Education, 1996) for improving the achievement of students with disabilities, beginning as early as possible in the child's life. The vision has been incorporated into the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 and includes the following:

- Aligning IDEA with State and local education improvement efforts so students with disabilities can benefit from them.
- Focus on teaching and learning.
- Developing state performance goals for children with disabilities addressing key indicators of success of educational efforts.
- Improving results for students with disabilities through higher expectations and meaningful access to the general curriculum to the maximum extent appropriate
- Including children with disabilities in general state and district-wide assessments, with appropriate accommodations.

- Reporting to parents on the progress of their child with a disability as often as such reports are provided to parents of children without disabilities.
- Addressing individual needs in the least restrictive environment for the student.
- Providing families and teachers--those closest to students--with the knowledge and training to effectively support students' learning.
- Providing FAPE to students with disabilities who have been suspended beyond 10 days or expelled from school through the use of alternative educational settings.
- Strengthen early intervention to help ensure that every child starts school ready to learn. (U.S. Department of Education, 1996)
- Implementing placement-neutral state funding systems.

The concept of a free appropriate public education (FAPE) within IDEA Federal regulations for students with disabilities is intertwined with educational decisions within the least restrictive environment (LRE). The current federal rules for IDEA require LRE decisions to be made from a continuum of educational options. Historically, many have interpreted the continuum to be a set of *places* (e.g., regular classroom, resource room, special day class, special school, etc.). This has produced an unintended outcome which views special education as a *place* rather than a *set of supports*. The need to ameliorate this unintended outcome is reflected in the above statements of commitment and vision by NASDSE, OSEP, and Congressional provisions within IDEA. The focus upon the need for students with disabilities to have meaningful access to the general education curriculum/program, to have high expectations, and to receive education focused on improved student results.

There seems to be growing consensus beyond NASDSE and OSEP in the broader special and general education community that special education and related services must be viewed as a set of supports and accommodations within a coherent, unified educational system. Project FORUM at NASDSE will convene a forum in February, 1998 specifically focused on looking at the past, present, and future of the continuum concept to see if it can be re-defined within the context of the larger educational improvements and reform and within a focus on improving educational results for students with disabilities. This paper is intended to provide background information for the forum participants regarding the following:

- Origin of the continuum.
- Legal precedents related to the continuum.
- The development of early continuum models and constructs.

- Review of the literature regarding placements within traditional continuum models.
- Challenges to traditional special education continuum models and constructs.
- Changes in IDEA related to the continuum.
- Considerations for future utilization of the continuum concept.

ORIGIN OF THE CONTINUUM

Background, Congressional Intent, and Legal Requirements

During the Congressional hearings leading up to the 1975 passage of Public Law 94-142, there was considerable concern regarding reports that only about one third of the approximately 5.5 million children with disabilities were being provided an appropriate special education. The remaining two-thirds were either totally excluded from schools or sitting idly in regular classrooms awaiting the time when they were old enough to drop out. (Subcommittee on the Handicapped, 1976). Testimony before an ad-hoc Subcommittee of the Education and Labor Committee also noted that federal programs for these children were minimal, fractionated, uncoordinated, and frequently given a low priority in the education community. It was the Committee's belief that Congress "must take a more active role under its responsibility for equal protection of the laws to guarantee that handicapped children are provided equal educational opportunity" (Subcommittee on the Handicapped, 1976).

In order to ensure that children with disabilities are granted equal educational opportunity, Public Law 94-142 established the fundamental principle of the provision of a free appropriate public education (FAPE) for all eligible children and youth with disabilities. Public Law 94-142 has been periodically re-authorized and is now known as the Individuals With Disabilities Education Act (IDEA).

In order to assure a free appropriate public education, IDEA requires:

> ...to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children without disabilities, and that special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aides and services cannot be achieved satisfactorily. [Sec. 612(5)(B)].

Section 504 of the Rehabilitation Act of 1993 reaffirms this provision:

> ...shall educate, or shall provide for the education of each qualified person with a disability in its jurisdiction with persons without disabilities to the maximum extent appropriate to the needs of the person with a disability. A recipient shall place a person with a disability in the regular educational environment operated by the recipient unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. [Sec.84.34(a)].

The term *continuum* and *LRE* are not used within the language of IDEA. The Federal regulations for IDEA, however, define the legal requirement of FAPE as special education and related services that are provided in conformity with the IEP and within the least restrictive environment (LRE). In addition, each public agency must ensure that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services, including instruction in regular classes, part-or full-time special education classes, special schools, home instruction, and instruction in hospitals and institutions. In a later section of the document (i.e., Changes in IDEA Related to the Continuum), a fuller discussion of current IDEA provisions will be provided.

Neither IDEA, Section 504, nor the courts have defined *LRE* or to *the maximum extent appropriate* in operational terms. This task is left to a team of professionals and the parents. Under both federal laws, this team is responsible for determining the educational programs and services needed by the child within an individualized education program (IEP).

LEGAL PRECEDENTS FOR LRE AND THE CONTINUUM

Prior to the 1975 Passage of Public Law 94-142

It is significant that Public Law 94-142 followed landmark cases establishing the constitutional right to an education for all children with disabilities (e. g., *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania, P.A.R.C.*, and *Mills v. Board of Education of District of Columbia*). Therefore, emphasis was placed on assuring *physical access* to education within the schools for all children with disabilities.

Two key provisions in the United States Constitution served as the basis for class action court suits that established the educational rights of students with disabilities. These principles were *equal protection* from the Fourteenth Amendment and *due process* from the

Fifth and Fourteenth Amendments. These principles were applied to numerous cases filed on behalf of students with disabilities who were excluded from participation in public school programs because of their disabilities, and to cases alleging misclassification of minority students as disabled. The courts have ruled that denial of educational services to students with disabilities is in violation of equal protection of the constitution, i.e., that persons have been treated unequally by the governmental unit [a school district] without sufficient cause or justification.

In 1954, the Supreme Court of the United States established the principle that all children be guaranteed equal educational opportunity. In the landmark case of Brown v. Board of Education in 1954, Supreme Court Justice Warren stated:

> The segregation of children in pubic schools solely on the basis of race, even though the physical facilities and other tangible factors may be equal deprives children of the minority group of equal educational opportunities. We believe it does....To separate them from others of similar age and qualifications solely because of their race generates a feeling of inferiority as to the status in the community that may affect their hearts and minds in a way very unlikely ever to be undone. We conclude, unanimously, that in the field of public education, the doctrine of separate but equal has not a place. Separate educational facilities are inherently unequal. ...In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity...is a right which must be made available to all on equal terms.

In addition, *the Pennsylvania Association for Retarded Children v. Pennsylvania and Mills v. Board of Education of District of Columbia* (1971) guaranteed the right to free publicly-supported education for children with disabilities. The court, in *Mills*, ordered that:

> No child eligible for a publicly-supported education in the District of Columbia public schools shall be excluded from a regular public school assignment by a rule, policy, or practice of the Board of Education of the district of Columbia or its agencies unless such child is provided: (a) adequate alternative educational services suited to the child's needs, which may include special education or tuition grants and, (b) a Constitutionally adequate prior hearing and periodic review of the child's status, progress, and the adequacy of any educational alternative. Providing educational services will ensure against persons needlessly being forced into institutional settings.

1970s and Early 1980s - Growing Emphasis Upon Programmatic Access

Following an early emphasis on guaranteeing physical access to the schools for children with disabilities, the courts began to shift their attention to determination of whether or not placement constituted a least restrictive environment (LRE). This paralleled the evolution of special education programs. After the early emphasis on obtaining physical access, the 1970s and early 1980s were a period of exploration of resource room and regular class placements for students with disabilities. The terms *integration* and *mainstreaming* were used for those portions of the day that students with disabilities were placed in regular classroom settings for their education. The focus of legal decisions shifted from guarantees of physical access to the schools to appropriateness of programs.

Osborne, Jr. & Dimattia (1994) reported that before 1989, the majority of court decisions on LRE held that mainstreaming, or placing students with disabilities in general education classes with appropriate instructional support, was not required for all students with disabilities, but must be provided, where appropriate, to the maximum extent possible. Early court decisions indicated that the LRE requirement could not be used to preclude placement in a segregated setting if that setting was warranted to provide appropriate education required by the IDEA (*Matthews v. Campbell*, 1979; *St. Louis Developmental Disabilities Center v. Mallory*, 1984; and *Board of Education of East Windsor v. Diamond*, 1986;). In addition, courts approved placements in restrictive environments when school districts demonstrated that a satisfactory education could not be provided in a less restrictive setting, even with supplementary aids and services (*Johnson v. Ann Arbor Public Schools*, 1983; *Lachman v. Illinois State Board of Education*, 1988; *Wilson v. Marana Unified School District*, 1984). Osborne, Jr. & Dimattia reported that other courts found that it was appropriate to give up on a degree of academic quality in order to provide socialization. Some courts held that students should be mainstreamed if socialization would be available in a mainstreamed setting, but not solely to be mainstreamed (*Bonadonna v. Cooperman*, 1985; *Roncker v. Walter*, 1983).

Yell (1995) pointed out that the courts have been deferential to the U.S. Supreme Court's admonishment in Hendrick Hudson School District Board of Education v. Rowley (1982) that:

> In assuring that the requirements of the [IDEA] have been met, courts must be careful to avoid imposing their view of preferential educational methods upon the [schools]. The primary responsibility for formulating the education to be accorded a handicapped child, and for choosing the educational method

most suitable to the child's needs was left...to schools in cooperation with the parent or guardian of the child (p. 207).

In *Ronker v. Walker* (1983), the Sixth Circuit U.S. Court of Appeals developed what is now called the feasibility test. The court wrote "...In a case where the segregated facility is considered superior, the court should determine whether the services which make the placement superior could be feasibly provided in a non-segregated setting. If they can, the placement in the segregated school would be inappropriate under the Act."

The court in *Ronker v. Walker* identified four factors that should be considered in making the feasibility determination:

- educational benefits of mainstreaming;
- benefits gained from services in a segregated setting that could not otherwise be provided;
- potential disruption of other students; and
- cost considerations.

Although the court in *Ronker* ruled in favor of a general classroom placement, its decision stated "the proper respect for the strong preference in favor of mainstreaming while still realizing the possibility that some handicapped children simply must be educated in segregated facilities."

Latter 1980s and 1990s - Shift Toward More Inclusive Educational Programs

During the latter 1980s and 1990s, there has been an emphasis on expanded access to general education programs for students with disabilities. Physical access issues further faded in favor of increased attention to access to the general education curriculum and instruction. The terms "inclusion," "full inclusion," and "inclusive education" were applied to this new movement particularly for students with severe disabilities and those with mild learning disabilities. There have also been continuing discussions and debate regarding the unique program and placement considerations for students with visual and auditory impairments. These programmatic trends have also seen in court decisions during this time period. Osborne and Dimattia (1995) indicated that early courts felt that it was more important for a child to receive an appropriate education, and the location where that education was provided was of secondary concern. The tone of more recent decisions in the 1980s and 1990s, however, began to shift in favor of more inclusive programs for students with severe disabilities.

To help lower courts with LRE decisions, the Fifth Circuit Court of Appeals in *Daniel R. v. State Board of Education* (1989) created a *two-part* test for determining when a school district has met its obligation to mainstream students with severe disabilities. The court indicated that district courts should first determine whether education in the general classroom, with supplementary aids and services can be achieved satisfactorily. When it cannot and special education must be provided, the appeals court instructed lower courts to determine:

- whether the school district mainstreamed the student to the maximum extent appropriate by considering a student's ability to grasp the regular education curriculum;
- the nature and severity of the disability;
- the effect the student's presence would have on the functioning of the general education classroom, the student's overall experience in the mainstream; and
- and the amount of exposure the special education student would have to students without disabilities.

This two-part test, provided by the Fifth Circuit, has become a benchmark for determining LRE decisions since 1989 (Osborne, Jr. & Dimattia, 1994).

There have been several decisions allowing placements within segregated settings. For example, the Second Circuit Court of Appeals, *in Briggs v. Board of Education of Connecticut* (1989), found that mainstreaming was not appropriate when the nature or severity of the student's disability was such that education in a general education classroom could not be achieved satisfactorily. Similarly, in *French v. Omaha Public Schools* (1989) the district court found that students with a profound hearing loss, unintelligible speech, severe language delays, visual impairments, and physical disabilities would not have meaningful communicative interaction with hearing individuals in a public school setting and, thus, should be educated in a state school for children with hearing impairments.

A Pennsylvania district court, in *Johnson v. Lancaster-Lebanon* (1991) held that a student with hearing impairments with deficiencies in oral communication could not be mainstreamed because of an inability to communicate with the hearing world. *In DeVries v. Fairfax County School Board* (1989), the appeals court agreed with the district court that a school district's proposal to place a student in the county vocational center was appropriate rather than the mother's preferred public high school placement.

Osborne & Dimattia (1994) cited other legal decisions that allowed segregated settings for students with disabilities (e.g., *Chris D. V. Montgomery County Board of Education*, 1990; *Liscio v. Woodland Hills School District*, 1989; and *Gillett v. Fairland Board of Education*, 1991). These cases focused on the extent to which the mainstreaming

alternative met the student's need for social interaction and academic progress. The LRE mandate was viewed as secondary to the provision of an appropriate education. Mainstreaming was to be pursued as long as it was consistent with the IDEA's primary goal of providing students with an appropriate education *(Carter v. Florence County School District)*.

Following are examples of recent court decisions that have ruled that the provision of a free appropriate public education was not possible in inclusive settings for certain students.

There are other recent court decisions, however, that placed a greater emphasis on general education classroom placement. The district court in *Greer v. Rome City School District* (1990), for example, stressed mainstreaming over special education services in ruling that mainstreaming in a general education kindergarten program for 3 years was better for a 9-year-old student with Down syndrome than being placed in a substantially separate class recommended by the school.

The court *in Oberti v. Board of Education of the Borough of Clementon School District* (1992) held that school districts have an affirmative obligation to consider placing students with disabilities in general education classrooms with the use of supplementary aids and services before they explore other alternatives. Placement in other than mainstreamed settings could be argued for: (1) if the student's disabilities are so severe that there would be little or no benefit from inclusion in the classroom, (2) if the child is so disruptive that the education of other students would be impaired, or (3) if the cost of providing supplementary services would have a negative effect on other students.

The Third Circuit Court of Appeals affirmed the district court's ruling in *Oberti* with a slightly different reasoning; e.g., the right to associate with peers without disabilities was found to be a fundamental value to the right to a public education, and a student with disabilities may learn differently from his or her education within a general education classroom did not justify exclusion from that setting. The court further found that the school district could not use the student's disruptive behavior as an excuse for placing him in a segregated setting because it had failed to provide the necessary supplementary aids and services (Osborne, Jr. & Dimattia, 1994).

The district court in Board of Education, *Sacramento City Unified School District v. Holland* (1992) found that the IDEA's presumption in favor of mainstreaming requires placement in a general education classroom if the student can receive a satisfactory education there, even if it is not the best academic setting for the student. The court further stated that a student can be placed in a special education class only if the student cannot receive a

satisfactory education in the general education class with appropriate supplementary aids and services. The Ninth Circuit Court of Appeals upheld the Holland decision and stated that four factors used in the *Roncker v. Walker* earlier decision should be considered in LRE decisions:

- the extent of educational benefit a student will derive from placement in a general education environment;
- the nonacademic benefits of placement in a general education setting;
- the effect the student will have on other students in the class; and
- the cost of supplementary aids and services (Osborne, Jr. & Dimattia, 1994).

DEVELOPMENT OF EARLY CONTINUUM MODELS AND CONSTRUCTS

As a framework for the provision of special education, the concept of a continuum of placements emerged in the 1960s, when leaders in the field began to advocate for the development and implementation of a range of special education placements for students with disabilities beyond segregated settings. As with early court cases, programmatic conceptualizations regarding the continuum focused on assuring physical access to placements by students with disabilities, rather than on intensity, levels of services, or curriculum access. The language of P.L. 94-142 regulations that specified placement options within the continuum further reinforced this emphasis.

The following discussion describes the major models of the continuum that have been proposed by various theorists in the field. To avoid disruption of the discussion, graphics illustrating the models have been placed in Appendix A.

Reynold Hierarchy of Placements

Reynolds (1962) called for a continuum of placements for children with disabilities ranging from the least restrictive to the most restrictive. Figure 1 within Appendix A depicts the Reynolds model. This continuum model contained two significant concepts regarding the placement of students with disabilities. First, the needs of a child with less severe disabilities could be provided as close to the regular classroom as possible. Second, the hierarchy suggested the concept of movement in the educational placement of a child. Noting that placement options were multiple, Reynolds suggested that:

> ...having a broad range of services is important and that children should be placed in programs of no more special character than absolutely necessary.

> There should be continuing assessment of children in special programs with a view toward returning them to more ordinary environments as soon as possible (p. 370).

Deno's Cascade of Services

Deno elaborated on Reynold's continuum and altered the construct to facilitate tailoring of treatment to individual needs, rather than sorting children to fit conditions designed according to group standards (p. 235). Figure 2, found in Appendix A, shows Deno's cascade of services which includes levels corresponding to the severity level of the disability of the child. Deno distinguished between outpatient (or school system responsibility) and in-patient (other human service agency responsibility) programs. The dotted line within this model represented the cut-off of school responsibility for special education and related services. Deno (1970) stated the following about the cascade of services model:

> The tapered design indicates the considerable difference in the numbers involved at the different levels and calls attention to the fact that the system serves as a diagnostic filter. The most specialized facilities are likely to be needed by the fewest children on a long-term basis. This organizational model can be applied to development of special education services for all types of disability (p. 235).

After the passage of Public Law 94-142 in 1975, school districts and state education agencies across the country utilized Reynold's and Deno's models, as well as adaptations to these models, in an attempt to describe the educational programs, services, and options available for serving children with disabilities. However, in practice, once a child was removed from the general education program and placed into a special education program, access to general education programs was too often closed. Both of these models emphasized the practice of placing or returning the child with a disability to the general education program, whenever possible.

Aloia's Horizontal Continuum

In 1979, Aloia developed a model that facilitated educational placement decision by outlining various options along the continuum. As shown in Figure 3, Appendix A, Aloia's continuum model assumed that the more options available in any primary setting, the greater the flexibility in designing an appropriate education for each child with a disability. Aloia

stressed that placement should be based on needs and not the disability category. Each point along Aloia's continuum model represented the primary assignment as developed in the child's IEP. Within each setting, there could be least and most restrictive educational options. In addition, the Aloia Horizontal Model encouraged interagency cooperation in the delivery of services.

Grotsky's Continuum of Educational Placements

Grotsky (Council for Exceptional Children, 1975) adapted the Aloia model to assist LEAs in meeting the LRE requirements in the State of Pennsylvania. Within his continuum model, flexible and alternative options were provided within each placement. The intent of this model was to broaden the continuum of possible educational options. For example, a student's primary assignment might be in the regular classroom, but choice could be made from using a range of educational options: full-time in regular class with supportive materials and/or direct services to the teacher; full time in regular class with direct service and instruction from the itinerant teacher; part-time (more than 50%) in regular class with instruction and/or involvement (generally non-academic) from the resource room; and part-time in the regular classroom with instruction and/or involvement in another setting, such as a special education center, private school, etc. The full listing of Grotsky's Continuum is contained in Figure 4 of Appendix A.

Birch and Reynolds' Revised Cascade Model

Recognizing that the original cascade model was too *place oriented*, Reynolds and Birch (1977) made further modifications to reflect evolving educational trends by moving specialized instructional systems to the regular classroom. This change, shown in Figure 5 in Appendix A included expanded integration of students with disabilities with their peers without disabilities and expanded access to curricular options.

In the Reynolds and Birch revision of the cascade model, various options were provided within a continuum of service delivery based on the unique special education and related service needs of the child. Figure 6, found in Appendix A, summarizes these options. This model refines earlier work done by Reynolds by adding options for integrating students with disabilities with their peers without disabilities and expanding the curriculum.

Other Continuum Constructs

Turnbull, et al., (1981) described LRE as a hierarchical rank ordering of alternatives: "...the government (or person, family or professional) presumes that there is a generally accepted hierarchy of placements, treatments, or interventions and that any given one is

clearly rank ordered as more or less restrictive" (p. 17). Schalock (1983) conceptualized the LRE continuum of placements as a straight line running from most to the least restrictive alternative with a hierarchical cascade of placement options. Hitzing (1987) viewed the continuum with the assumption that every person with a developmental disability can be located somewhere along the continuum based on individual needs, and is transitioned to a less restrictive placement when he or she has developed additional skills.

Traditional Continuum

Figure 7, found in Appendix A, shows a continuum model of residential, educational, and day/vocational services described by Taylor (1988). Within this LRE continuum model, the residential continuum was depicted as running from institutions as the most restrictive environment, to independent living as the least restrictive environment. In between these two ends of the continuum were nursing homes and private institutions, community intermediate care facilities, community residences or group homes, foster care, and semi-independent living or transitional apartments. The residential continuum assumed that people with disabilities will move progressively to less restrictive environments, ideally to independent living. The traditional special education continuum contained a sequence of placement options ranging from homebound instruction and residential schools on the most restrictive end and regular class placement on the least restrictive end (Zettel & Ballard, 1982).

The day/vocational services level of the continuum included day training or day treatment programs at the most restrictive end point, with competitive employment at the least restrictive end point (Schalock, 1983). Payne and Patton (1981) discussed four steps in the day/vocational continuum: "activity centers, sheltered workshops, semi-sheltered employment, and competitive employment. Vocational habilitation programs may be transitional in nature, emphasizing training and eventual placement in a more independent position or serve as long-term sites for persons who cannot work in a more demanding and less structured situations" (p. 223). Durand and Neufeldt (1980) advocated for a five-step continuum of employment opportunities based on the normalization principles: sheltered employment, sheltered industry, semi-sheltered employment (group), competitive work with support and individual competitive employment, and self-employment.

The New Community-Based Continuum

In approximately 1984, a number of individuals criticized the traditional continuum by rejecting the most restrictive and segregated environments and also questioned the assumption that segregated settings prepare people to function in integrated settings

(Bellamy et al,. 1984; Bellamy et al., 1986; Bronston, 1980; Brown et al., 1983; Galloway, 1980; Haring & Hansen, 1981; Hitzing, 1980, 1987; Wilcox, 1987). A new community-based continuum emerged to guide the design of services for people with developmental disabilities and their families. Figure 8, found in Appendix A, depicts the new community-based continuum of residential, vocational, and educational services (Blatt & Kaplan, 1966; Blatt, Ozolins, & McNally, 1979; Center on Human Policy, 1986).

This new community-based continuum included a series of options ranging in terms of restrictiveness, integration, and normalization with a preference for the least restrictive and most integrated and normalized settings. The community-based continuum eliminated totally segregated environments located at the most restrictive end of the scale with the notion that the range of acceptable options included at least some degree of interaction with people without disabilities.

Schalock (1988) provided the following explanation of the above new community-based continuum: "In terms of community living-training alternatives, this continuum generally ranges from highly structured, protective, restrictive environments to unstructured environments that facilitate freedom of movement and independence" (p. 22).

The new special education continuum started with placement in regular chronologically age-appropriate schools as the most integrated and community-based educational placement for students with disabilities. Many LRE discussions in the 1980s argued for a regular school continuum (Brown et al., 1977; Brown et al., 1983; Gilhool, 1978; Gilhool & Stutman, 1978; Peck & Semmel, 1982, Taylor, 1982; Wehman & Hill, 1982). All of these analyses argued for placement in regular schools with interaction with students who are not disabled as a minimum need. Brown et al., (1983) noted, "If a severely handicapped student is based in a special education classroom in a chronological age-appropriate regular school that is both close to home and in accordance with natural proportion, opportunities to realize benefits from many kinds of interactions with nonhandicapped students exist that are not available if the same student were based in a segregated school" (p. 21). Gilhool (1978) stated that "classes for educable mentally retarded classes should be abolished" (page 33). Wehman and Hill (1982) also stated, "Because instructional preparation is crucial for movement into less restrictive education and community environments, integration efforts must be both planned and systematic" (p. 33).

The new vocational continuum provided a series of community-based vocational options ranging from the most restrictive end to competitive employment on the least restrictive end. Nonemployment options such as day treatment, work activity, and

preparatory programs did not have a place in the new vocational continuum. Descriptions of various competitive and supported work models varied in the degree of integration, restrictiveness, normalization, and intensity of services (Bellamy et al., 1986; Kiernan & Start, 1986; Mank, Rhodes & Albin, 1986; McCarthy, Everson, Moon, & Barcus, 1985; Rusch, 1986; and Nisbet & Hagner, 1987). These options included benchwork, enclaves, work crews, individual supported work, competitive work, and others to broaden the continuum of locally-available vocational options to facilitate entry into unsubsidized employment.

EVOLUTION OF THE LRE CONCEPT AND THE CONTINUUM OF EDUCATIONAL OPTIONS

Reynolds and Birch (1982) have argued that the whole history of education for students with disabilities can be described as a steady trend toward progressive inclusion (p. 27). The implementation of the LRE and continuum principles since 1975 has been an evolution with terms appearing such as de-institutionalization, normalization, integration, mainstreaming, zero rejection, de-labeling, and merger. The previous descriptions of litigation trends and the development of continuum models reflect this evolution of special education programs and services.

Hasazi, Liggett, & Shattman (1994) conducted a multi-state, qualitative policy study to determine how six states and twelve local school districts implemented the LRE. Six factors were identified that contribute to the differing approaches to implementation of LRE policy. Finance emerged as the most influencing factor in all of the sites studied. The federal role relative to the implementation of LRE was also seen as a factor (e.g., the authority of the law, leadership exercised by OSERS during the 1980s, federal support for implementation initiatives, and monitoring used as a catalyst to mandate implementation.). Parent advocacy, influence of implementers, knowledge, and values were identified as additional important variables influencing the implementation of LRE. For example, values represented a commitment; whereas knowledge provided the capacity for implementation. Finally, this study found that implementation of LRE depended on factors within the state and local context (e.g., culture and political forces).

As stated earlier, prior to the passage of Public Law 94-142, many children and youth (particularly with severe disabilities) were excluded from the public schools. In the 1970s, access to common physical space was emphasized with the expansion of resource programs and integration of students in regular buildings. The curricular and instructional agenda in special education, however, often continued to be separate from general education.

The 1980s and early 1990s saw further evolution of programs and services for students with disabilities with a shift toward a more integrated, holistic approach within the continuum of educational options. There is currently an increased focus on improved student outcomes, movement away from the deficit model, and access to the general education curriculum for students with disabilities. For many students, intra and interagency, coordinated programs are being implemented. Recent efforts are being focused on integrating or merging special and general education personnel, programs, and resources to design a unified, comprehensive regular education system capable of meeting the unique needs of students in the mainstream of regular education (Gartner & Lipsky, 1987; Lipsky & Gartner, 1989; Stainback & Stainback, 1984, 1985).

School districts, states, and communities are continuing to find strategies to better align the various educational support programs with each other and with general education, as well as strategies to better integrate educational, social service, and health services, focusing on the whole child. In many communities, a coordinated, interagency system of care is being developed. The role of the special schools for providing specialized services for students with visual and/or hearing impairments continues to be explored. Special education is being viewed less as a place and more as a broad array of instructional and curricular supports to achieve better outcomes for children with disabilities and their families (Schrag, 1993).

Current Placement Patterns

Data from the Nineteenth Annual Report to Congress of the Office of Special Education Programs (Department of Education, 1997) shows how the various educational placements within the continuum were used as of 1994-1995. During the past several years, the percentage of students with disabilities served in regular classes has increased considerably, while the percentage of students in resource rooms has gradually decreased. Other educational placement percentages have remained stable. During 1994-1995, data from state education agencies showed that 44.5 percent of students with disabilities ages 6-21 were served in general classroom placements, and 95 percent of all students with disabilities attended regular schools. In addition, 28.7 percent were served in resource rooms, 22.4 percent in separate classes, 3.0 percent in private and public separate schools, 0.7 in public and private residential facilities, and .6 percent in homebound/hospital placements (U.S. Department of Education, 1997).

The environments in which students received services varied according to the individual needs of the child. Although 87 percent of students with speech and

language impairments were served in regular classes for 80 percent or more of the school day, only 9.7 percent of those with mental retardation were served in regular class placements. Students ages 6-11 were more likely to receive services in regular class placements than students ages 12-17 pr 18-21.

Progress in serving students with disabilities in regular classes and resource rooms has varied from State to State. A few rural States serve more than 90 percent of their special education students in regular class and resource room placements (Idaho, North Dakota, Vermont). Other States or jusisdictions with larger urban populations serve fewer than 60 percent of students in those placements (District of Columbia, Louisiana, New York).

During the past 5 years, the percentages of students with disabilities ages 6-21 served in regular classes has gradually increased from 32.8 percent in 1990-91 to 44.5 percent in 1994-1995. During the same period, the percent of students served in resource room placements has declined. The percentages of students receiving special education in separate classes for more than 60 percent of the school, and the percentages served in separate schools have also declined gradually. (U.S. Department of Education, 1997).

SUMMARY OF RESEARCH REGARDING THE IMPACT OF PLACEMENTS WITHIN THE CONTINUUM

Because of the emphasis on a *place* within the special education continuum, it is not surprising that the research regarding the continuum and LRE has primarily focused on the efficacy of the various continuum settings. Calberg and Kavale (1980) and Wang and Baker (1986) conducted meta-analyses of a number of efficacy studies comparing general versus special class placement. Calberg and Kavale examined the results of 50 studies and found that placement in general rather than special education classes resulted in better outcomes for students with mild retardation, but poorer outcomes for students with learning disabilities or behavioral/emotional problems. Wang and Baker (186) conducted a meta-analyses of 11 studies and concluded that special education placement worked best for students with hearing impairments and worked well for students with mild retardation. However, special education placement was not as successful for students with learning disabilities. Outcomes for students with hearing impairments in this analysis were limited to attitudes toward school and toward other students. Wang and Baker analyzed attitudes for students with mild mental retardation and academic performance for students with learning disabilities.

Hocutt (1996) summarized findings of several studies conducted since 1980. Following are her conclusions:

- In general, studies indicated slightly better academic outcomes for students with learning disabilities who are served in special education classes. Students with learning disabilities were shown to have poor self-concepts when served in general education settings.

- Fuchs, Fuchs, & Fernstrom (1993) studied 21 students with learning disabilities who had been in special education classes and returned to general education. They found that these students made small but steady gains while in special education, but made no gains in general education.

- Donahoe & Zigmond (1990) compared the performance of secondary students with learning disabilities with their low-achieving peers without disabilities. They found that ninth grade students with learning disabilities who were taught in general education had an average grade point average that was significantly lower than their peers without disabilities.

- Research regarding the self-concept of students with learning disabilities showed the most improvement in most segregated settings (Wang & Birch, 1984).

- A literature review conducted by Lowenbraun & Thompson (1989) indicated that on average, students with hearing impairments did not perform as well as normal-hearing students in any setting, and that the difference in performance increases with age. Another tentative finding of this review indicated that students with hearing impairments gained academically, but suffered regarding self-concept in mainstreamed classes.

- Kauffman, Agard, & Semmel (1985) conducted a study with students with educable mental retardation and students without disabilities. Findings indicated that the following factors resulted in better outcomes: active involvement of the students in teacher-directed and supervised (as opposed to passive) individual seatwork, and the use of cooperative learning.

- Several studies have demonstrated enhanced social outcomes for students with severe mental disabilities within more integrated settings (Brinker & Thorpe, 1986 and Thousand & Villa, 1990). Research on the integration of

students with severe mental disabilities has also found social and emotional benefits to children without disabilities and teachers, increased awareness for the needs of persons with disabilities, increased levels of social development in children without disabilities, increased willingness to work with students with disabilities, and increased skills for teachers (York, Vandercook, & Macdonald, 1992).

- Although the body of literature is small, study results have indicated that students without disabilities did not suffer from being in classes also serving students with mild or severe disabilities (Affleck, Madge, Adams, & Lowenbraun, 1977).

- Deno, Maruyama, Espin, & Cohen (1990) found that effective schools facilitate inclusion of special education students. Specifically, students with mild disabilities within integrated programs in effective schools had better academic achievement and better social behavior than did similar students in special education classes in similar effective schools. However, these students did not do as well as other low-achieving peers without disabilities.

- The following interventions have been shown to promote inclusion: pre-referral interventions; teacher consultation; modified instructional methods (direct instruction, cooperative learning, peer tutoring, and cognitive strategy instruction); trans-environmental programming (a process to assist students in special education to reintegrate into the general education classroom); and whole school models (Johnson & Pugach, 1991; Fuchs, Fuchs, Dulan, et al., (1992); Johnson & Pugach, 1991; Fuchs, Fuchs, & Bahr, 1990; White (1988); Slavin, R.E., 1984; Johnson & Johnson, 1987; Cook, Sruggs, Mastropieri, and Casto, 1986; & Bulgren, Schumaker, & Deshler, 1988)

Hocutt (1996) also reported that a review of the literature indicated that there is no compelling evidence that placement is the critical factor in student academic or social success. Rather, the classroom environment and quality of instruction have more impact than placement on the success of students with disabilities.

Burnette (1996) cited some research regarding the impact of inclusion in general education classrooms. Hunt, et. al, (1992), as cited in Simon and Karsoff (1992) found that students with severe disabilities placed in general education classrooms showed better social development, more social interaction, enhanced skill acquisition and generalization, better health, more independence, greater success in meeting the objectives of their IEPs, and more

normalized adult functioning. In addition, their presence gives their peers and others in the community more positive attitudes about children with disabilities. This same study showed that integrated placements resulted in higher academic achievement and greater socio-emotional growth for students with mild disabilities.

Research is mixed regarding the impact of placement within integrated public school settings for children who are deaf and hearing impaired. Mertens (1989) found that students who had attended a residential school reported more positive social experiences than those who had been mainstreamed. Studies on social relationships and interaction between deaf and hearing students have found that deaf students have difficulty relating to hearing peers (Antia, 1982; Sauer, Popp-Stone & Hurley-Lawrence, 1987; and Ramsey, 1995). Stinson & Whitmire (1991, 1992) found that increased mainstreaming did not appear to promote relationship bonds with hearing classmates and peers. Mainstreamed students who are deaf had problems in the areas of interaction and communication (Antia, 1982; Saur et al. 1986). Saur et al. (1986) reported that students who are deaf need deaf linguistic and cultural models. Allen & Osborne (1984) examined demographic and achievement data for 1,465 students who were deaf and hearing students and found higher achievement among children in integrated settings.

CHALLENGES TO TRADITIONAL SPECIAL EDUCATION CONTINUUM MODELS AND CONSTRUCTS

As stated earlier, programs and services for students with disabilities through the 70s, 80s, and up to 1997 have evolved relative to the implementation of the LRE and continuum options. In addition to the above and other research conducted regarding the various placement options on the continuum, there have been specific challenges to the continuum. Fuchs and Fuchs (1994) have suggested that the wide swing in the choice of strategies and the differing views of the viability have caused confusion and misunderstandings. Following is a brief summary of some of the challenges that have emerged relative to traditional special education continuum models and constructs.

In reviewing the literature that led to the conceptualization of the new continuum, Taylor (1988) identified the following pitfalls with the LRE Principle reflected in early continuum models and concepts:

1. First, he said traditional continuum models based on the LRE principle legitimates restrictive environments (e.g., implies that there are circumstances under which the most restrictive environment would be

appropriate). Many debates have occurred during the 1980s and 1990s regarding the practical application of the least restrictive educational environment term which has not been defined--with both sides presenting conflicting empirical evidence to support their positions.

2. A second concern, identified by Taylor, is that the LRE principle confuses segregation and integration with intensity. Traditional continuum models have equated segregation with the most intensive services and integration with the least intensive services. Taylor argued that segregation/ integration and intensity of services are separate dimensions.

3. A third concern discussed by Taylor (1988) was that the LRE principle is based on a readiness model (e.g., people with disabilities must earn the right to move to a less restrictive environment--get ready to live, work, or go to school in integrated settings). Hitzing (1980) critiqued traditional curriculum models:

> The notion was that a person moved into the residential system initially by being placed in a nursing home or large group home. Once clients shaped up, they graduated to a smaller group home. If they learned certain skills in the group home, they graduated to a more independent placement unit. (p. 84).

4. Taylor (1988) argued that the LRE principle supports the primacy of professional decision making. Bicklen (1982) stated that integration is a moral and philosophical issue, not a professional one; however, the least restrictive environment is usually qualified with terms such as appropriate, necessary, feasible, and possible--and not with desired or wanted.

5. The fifth concern noted by Taylor (1988) was that the LRE principle sanctions infringements on people's rights; however, the government should act in a manner that least restricts the rights and liberties of individuals with disabilities, especially if it is imposed categorically. Turnbull (1981, p. 71) indicated that the question implied by LRE should not be whether people with developmental disabilities should be restricted, but to what extent. When linked to the provision of services, the LRE can become a tool to legitimate unnecessary segregation. People with disabilities

should have the opportunity to live, work, and go to school in nonrestrictive environments or integrated settings--rather than least restrictive ones (Taylor, Racino, Knoll & Lutfiyya, 1987).

6. Taylor (1988) also stated that the LRE principle implies that people must move toward increasingly less restrictive environments as they develop and change. Schalock (1983) wrote "The existence of a functioning system of community services would provide a range of living and training environments that facilitate client movement along a series of continua" (p. 22). Smooth transition between and among placements was argued for.

7. The final LRE concern identified by Taylor (1988) was that the LRE principle directs attention to physical settings rather than to the services and supports people need to be integrated into the community. Hitzing (1980) and Bronston (1980) noted that the field of developmental disabilities has defined its mission in terms of creating facilities--first large ones and then smaller ones and programs rather than providing the services and supports to facilitate participation in the same settings used by other people.

Murray (1993) has argued what is conventionally viewed as special must begin to be viewed as a necessary component of normal. The special education system needs to become an integrated support structure, so entwined with the general system that it may be difficult to identify it as a separate structure. A wide range of meaningful learning opportunities must be provided. Murray argued against a focus on placements, identification, categorization, rules, mechanistic procedures, and measurement of discrete IEP objectives that do not connect in meaningful ways with the general education curriculum and instructional strategies in classrooms where students spend most of their time (p.185). More collaborative teamwork between special and general educators is needed in which educators from a variety of disciplines pool their expertise in serving the child with interventions that are more dynamic and holistic.

Murray also stated that the traditional special education continuum need not be dismantled, but that the general classroom should be used as the site for delivery of most of the special services for students. Rather than removing students with learning disabilities to resource rooms to deliver specially tailored instruction in small groups, these special instructional methods and special personnel should be brought to the classroom. Strategies for deregulating and de-bureaucratizing processes and procedures could make better use of the energy, expertise, and training of specialists and ancillary staff.

Modification of the Continuum

During the 1980s, many writers advocated for modifying the nature of the continuum of services. Wang and Reynolds (1985) proposed a form of merger of expanded mainstreaming with no change in the existing continuum. The term, mainstreaming, as used by Wang and Reynolds, meant integration of regular and exceptional children in a school setting where all children share the same resources and opportunities for learning on a full-time basis.

Another solution has been to call for the elimination of the bottom of the continuum (e.g., closing residential and day schools). Writers such as Reynolds (1989) advocated for placement of students in part or full-time programs within neighborhood schools.

Others have proposed the elimination of the near top of the continuum of services (e.g., resource and self-contained classes) and replacing them with options such as Wang's Adaptive Learning Environments Model (Wang & Birch, 1984). This model demonstrates assistance to students with disabilities within the general education classroom. The Regular Education Initiative (REI) of the early 1980s and the subsequent inclusive schools movement have shown clear preferences for general education placements rather than the need for part or full-time special education pullout programs.

Stainback & Stainback (1991) have proposed that no meaningful transformation can occur unless special education and its continuum of placements are eliminated altogether. Other writers have proposed elimination of all or most of the continuum of services (Wang, 1991; Pugach & Lilly, 1984; Reynolds et al., 1987; Biklen et al., 1987; Taylor, 1988; Jenkin et al, 1988; Lipsky & Gartner, 1989; Thousand & Villa, 1990; Gersten & Woodward, 1990; York & Vandercook, 1991 Stainback & Stainback, 1991 and 1992; and Giangreco et al., 1993). These persons advocating for eliminating the continuum, however, have been quick to point out that they were not advocating, dumping, or moving children with disabilities into general education without appropriate supports (Pearpoint & Forest, 1992).

The Association of Persons With Severe Handicaps (TASH) has vigorously advocated for the end to the continuum of services primarily because it has included undesirable socialization experiences for students with severe intellectual disabilities in more restrictive settings. "The inclusion option signifies the end of labeling, special education, and special classes, but not to the end of necessary supports and services...in the integrated classroom" (Pearpoint & Forest, 1992, p. xvi).

In November, 1996, the National Council on Disability (NCD) proposed replacing the continuum with an "array" of services available in regular classroom. It further proposed a redefinition of special education as a support system to all students. In its report (1996), the NCD stated that "The concept of a continuum assumes that children and youth with disabilities must not be relocated from their typical aged peers (and, at times, even from their families) in order to receive services that are so specialized that they can only be provided in a separate, segregating environment." The array would assume that students with disabilities would stay in general education classrooms while services and resources to met their individual needs are brought to them. This report further stated that "Special education needs to evolve as a support to typical education, not as a way of supplanting" (p. 95).

The NCD further reiterated the need for special education to be viewed not as a place where students that are considered different are sent. That view has contributed to "...the continued massive segregation of students with disabilities and countless violations of both the letter and intent of the due process provisions of the IDEA." The NCD advocated for a new educational model that incorporates all teachers working to support all children. Features of the system envisioned by NCD include:

- ❒ IEPs would be provided for every student, disabled or not.
- ❒ All teachers would receive training in educating students with disabilities; curricula and texts would be "culturally sensitive" and the curricula would include the study of disability culture and disability rights.
- ❒ Current due process provisions for all students would be fully enforced; there would be an emphasis on assistive technology, with required training and there would be a requirement that all IEPs address the use of assistive technology at school and at home.
- ❒ Public schools would be equally accountable for educational outcomes of both students with and without disabilities.

Development of New Roles for Options Within the Traditional Continuum Exemplified by Services for Students With Visual Impairments

There have been many authors and researchers who have advocated for new roles for programs within the traditional special education continuum. For example, in 1991, a National Task Force on General and Specialized Services (Wingspread Journal, 1993) was established by the American Foundation for the Blind to develop a framework for policy debate and research on how best to deliver blindness services. As an initial step, the task force held a Wingspread conference in January, 1993 to discuss whether services to people

who are blind or visually impaired should be served in specialized rather than in general service settings. With the goal of maximum social participation of people who are blind or visually impaired, Wingspread participants developed a broad list of options in education, vocational rehabilitation, and independent living. Concerns emerged include the need for a consumer-centered approach, the importance of individual choice, the need to offer a range and continuum of services, the importance of cost effectiveness and offering high quality services, and the need for professional expertise and accountability. A second conference, the annual Josephine L. Taylor Leadership Institute, developed a set of public actions and target dates for implementation, based on the framework document developed at the Wingspread conference.

A special issue in the *Journal of Visual Impairment & Blindness* (1993) was published entitled "Residential Schools: Past, Present, Future" to provide a thorough discussion of many issues related to programs and services for persons who are visually impaired. Emerging roles of residential schools that were discussed included resource and demonstration centers that offer summer programs, low vision clinics, educational evaluations, professional training institutes, demonstration schools, extended-day instruction, short-term academic, rehabilitation, or vocational placements, specialized centers for individuals with multiple disabilities, magnet schools, professional training, statewide consultation, information and referral, and research.

Outreach programs currently being provided by residential schools for students with visual impairment across the country include direct instruction by residential school staff, using outreach as the itinerant service for students with visual impairment in local schools; and residential schools serving as teacher certification programs when university certification programs do not exist, and summer programs (Miller, 1993). Miller also specifically discussed the outreach technical assistance role that the Texas School for the Blind and Visually Impaired has implemented involving technical assistance for families, teachers, and programs struggling to provide services in a time of increasing caseloads and decreasing funds. This technical assistance role in Texas has included on-site consultation, workshop presentations, resource and referral, a technology loan program, and transition planning.

In this special *Journal of Visual Impairment & Blindness* issue, Smith (1993) reported on the Utah School for the Blind Parent Infant Program that was patterned after the KI*Hi Program as well as an early intervention program for hearing impaired conceptualized by the Utah School for the Deaf. This program provides trained parent advisers (teachers who go to the homes and serve the various children and their families).

Families and professionals are also able to borrow educational toys and materials, sensory stimulation kits, and other materials for use with young children with visual impairments.

Wittenstein (1993) also reported on transitional services provided by the St. Joseph's School for the Blind in Jersey City, New Jersey. This transitional program involved a team approach and focuses on training parents for leadership and case management roles in their children's future. A community-based functional curriculum was provided to help students with visual impairments and multiple disabilities to be prepared for the full range of experiences that they will encounter in their communities. Parent-professional teams provided careful transition planning.

Some authors in this special *Journal* issue speculated that direct education in specialized schools will be more necessary because there will be no options beyond the regular classroom for students with visual disabilities because of the inclusion movement. Others stated that inclusion would eliminate or reduce the role of disability-specific schools. It was pointed out by Erin (1993) that some professionals have inserted the word *full* to inclusion and that full inclusion is mutually exclusive with the idea of continuum of services as mandated under federal law.

Expansion of the Options Within the Continuum

The traditional special education continuum has also been broadened with the recent movement of home schools, choice, and charter schools. Lange (1996) has discussed recent state laws pertaining to school choice and special education. McKinney and Mead (1996) have maintained that school choice programs must consider students with disabilities and the availability of a free and appropriate education. Lange (1996) identified four principles of meaningful choice: disability status cannot be used as a criterion for non-eligibility in the choice program, reasonable steps must be undertaken to ensure that the choice system made available a broad range of specialized services and programs to provide FAPE, and procedures used for parents to elect choice must not create any diminishment of the procedural choice guaranteed under both Section 504 and the IDEA.

The charter school movement, which by its nature, is based on flexibility from rigid rules and policies, generates a number of unanswered questions concerning the implementation of special education programs and services in specific charter schools. Lange (1996) reported on a 1995 survey by the Education Commission of the States which has indicated that one-half of the charter schools in the seven states surveyed were designed to serve at-risk students. Some charter schools specialize in serving students with disabilities. The Metro Deaf Charter School in Minnesota, for example, serves students

with hearing impairments. As of August 1996, twenty-six states had passed charter school laws (Langue, 1966). Charter law in several states allows private organizations to create and operate charter schools with public funding.

A number of other cooperative arrangements have emerged during the past decade among public and private agencies to serve difficult-to-educate students. In 1990, for example, over 680,800 juveniles under the age of 32 were admitted into traditional juvenile facilities such as detention centers, reception centers, training schools, and ranches. In 1991, there were 984 such facilities in the United States. An additional 29,214 juveniles in custody were housed in 2,224 shelters, halfway houses, and group homes. These alternative arrangements for incarcerated youth have prompted new and creative cooperative arrangements to provide FAPE for school-age youth with disabilities (U.S. Department of Justice, 1994).

There are a number of other public and private cooperative arrangements that have emerged in which education programs and services are provided for students with disabilities. In New York, for example, Hillside Children's Center, a private residential facility specializing in educating and caring for children with emotional disturbance, operates a program in which it provides clinical services to a nearby public special education program. In addition, children receiving residential care in privately-operated facilities such as emergency shelters, group homes, or treatment facilities, attend public school during the day.

Finally, a number of states have been implementing new systems of care which emphasize integration of education, mental health, and other social services. These efforts are being called school-linked services, integrated services, interagency services, and coordinated systems of care (Schrag, 1996).

Increase in a Focus Upon Improved Outcomes

Before the enactment of the IDEA, one million children with disabilities were excluded from school, and another 3.5 million did not receive appropriate programs within the public schools (Zettel & Ballard, 1982). Today, only approximately one percent of children with disabilities live in institutions. In addition, approximately 12 percent of elementary and secondary students receive special education services. Because there has been improvements in physical access to education for students with disabilities, there has been a definite shift in emphasis to outcomes and better results. The U.S. Department of Education (1995) has noted that improving the educational performance of children with disabilities is essential to empowering individuals with disabilities to maximize

employment, economic self-sufficiency, independence, and integration into society. This shift in emphasis to student outcomes challenges the concept of special education and the continuum of educational options to be a set of services and supports rather than a place or a location.

Expansion of a Focus on Curriculum

Concerns have been expressed regarding the lack of focus in special education regarding curriculum. Goldstein has observed that curriculum focus is generally absent from special education. Special education professionals have not generally been interested in the form and content of the core curriculum (O'Neil, 1988). Rather than providing instructional support to increase the likelihood that students obtain the core curriculum, special education teachers often define their own curricula and instructional materials to attain them often without regard for what goes on in the general classroom (Pugach and Warger, 1993). In studies of IEPs, researchers, such as Wesson and Deno (1989) and Ysseldyke et al. (1989) have found that the promise of individual curriculum adaptation through IEPs has not occurred for students with disabilities. Christopher Cross, President of the Council for Basic Education, told state directors of special education at their 58th Annual NASDSE Meeting (1995) that all students should master the core curriculum and achieve high standards.

Rather, Pugach and Warger (1993) argued that special educators tend to treat the standard curriculum as a collection of academic activities that their students will tap into whenever they are ready to spend time in general education classes. This leads to fragmentation of content learning and denies students a consistent exposure to the scope and sequence of the curriculum area. Pugach and Warger (1993) further argue that successful alignment of special and general education with respect to issues of curriculum will depend, in part, on establishing the belief that the curriculum needs to be structured such that most students, whether or not they are identified as needing special education, ought to be able to achieve success. It will also be necessary to continue to clarify that for some students with more intense disabilities, the core academic curriculum, no matter how it is conceptualized, will not be appropriate. (p. 141).

Consideration of Particular Needs of Students Who are Blind, Visually Impaired, Deaf, or Hearing Impaired

The Office of Special Education Programs, U.S. Department of Education has provided additional guidance to state and local educational agencies regarding placement/program considerations for students who are blind and those who are deaf. On

February 4, 1994, the U.S. Department of Education issued a memorandum to Chief State School Officers disseminating the Notice of Policy Guidance on Educating Deaf Students and Implementation of the Least Restrictive Environment Requirements of Part B of the IDEA. This Policy Guidance reaffirms the necessity of making placement decisions for students who are deaf on an individual basis, taking into account unique needs such as communication and socialization.

In the House Subcommittee Hearings during 1996, Barbara Raimondo, a board member of the American Society for Deaf Children, advocated for the preservation of the continuum of placements. She cautioned against the *fail first* mentality, whereby children are first placed in their neighborhood school and sent to other placements after failing. Schools for deaf children can provide free, direct communication with friends, peers, teachers, principals, guidance counselors, the school nurse, the bus driver, the cafeteria workers, and the maintenance staff. Special schools can provide deaf role and language models. Deaf children are part of a rich cultural and linguistic heritage and are part of a community that values their deafness, while at the same time recognizing the importance of their taking their place in the larger hearing community. Special schools can also be more equipped to work with families of deaf students and to provide information about methods of communication, educational options, deaf adults, cultural issues, and about other similar families.

In November 1995, the Department of Education issued a policy memorandum to chief state school officers regarding the education of students who are blind or have other visual impairments. This Guidance was prepared out of concern that the special education offered to some students who were blind and visually impaired did not appropriately address their unique needs of instruction in literacy, self-help skills, and orientation and mobility. It was suggested that, for students who are blind or possess minimal residual vision, Braille should be considered as the primary reading method unless a disability in addition to blindness would adversely affect their ability to learn to read. The following unique needs were enumerated as requiring attention in IEPs, along with the full range of skills necessary for effective learning:

- skills necessary to attain literacy in reading and writing including appropriate instructional methods;
- skills for acquiring information, including appropriate use of technological devices and services, orientation, and mobility instruction;
- social interaction skills;
- transition service needs;
- recreation; and

- career education.

Potential harmful effects of the placement(s) on the visually impaired student and the quality of services required by the student were cited as necessary considerations in determining the LRE placement. This Guidance further reiterated the need for a full range of educational placement options, including a special school with a residential option.

The Deaf Initiatives Project, conducted by the National Association of State Directors of Special Education, resulted in a document, *Deaf and Hard of Hearing Students: Educational Services Guidelines* that was released in 1995. The purpose of this project and document was to help educators, parents, and other service providers develop and manage appropriate educational programs for children who are hard of hearing or deaf.

Development of More Flexible Learning Environments for All Students

The National Association of State Boards of Education (NASBE) identified a number of concerns in their report, *Winners All: A Call for Inclusive Schools* (1995). These concerns included the segregation of students into separate classes, limited curricular options for many students in special education, and less attention to monitoring the outcomes of instruction for special education versus the process of instruction. In their report, NASBE stated that the first educational option should be the neighborhood school in which supports are provided for the child to meet his or her needs. For inclusive education placements within general education classrooms to work, NASBE stressed the need for more flexible environments that provide students the opportunity to demonstrate a variety of accomplishments beyond narrowly-defined academic achievement. In addition, a variety of professionals including the general education classroom teacher, the special education teacher, and other special support personnel must work cooperatively with shared direction and control. Teachers, administrators, and related service personnel must be prepared and receive comprehensive professional development for working together for all children.

In its recent report, the National Council on Disability (1996) recommended the following attributes of an educational system that works for all children:

- Special education assumes the role of a supportive services within the context.
- Funding would be modified to be placement neutral.

- Information about effective practices for inclusion of students of students with disabilities in general education would be collected and disseminated nationally.
- All students, with or without disabilities, would benefit from an IEP.
- All trained and certified teachers would have general knowledge about educating students with disabilities.
- Specialists such as in Braille, sign language instruction and computer technology would be part of a cadre of resource personnel available to support students with a range of special needs in the general instructional program as specified in their IEPs.
- Curricula and textbooks for all students would be culturally sensitive and include the study of disability culture and disability rights.
- Publishers of textbooks would include accurate portrayals of people with disabilities in text books and in photos and illustrations.
- All students would be included in school reform plans.
- Curricula content, including written, verbal and computer based materials, would be accessible to all students, especially those with sight, hearing, and learning disabilities, who would be taught with methods and materials that met their communication requirements.

On November 15, 1996, LRE's Inclusion Bulletin Board included the following considerations when adapting curriculum for all students:

- Teachers need to take on different roles and need to coordinate their efforts for all children.
- Explicit decisions need to be made about what will be taught, how the information will be provided, and what considerations need to be made for participation of the student with a disability.
- Decisions need to be made about how lesson content will be taught--including instructional arrangement, activity format, curricular goals for all students, teaching strategies, and adaptive materials.
- Effective lessons require a change in traditional teaching methods (e.g., not just changing materials, but developing a larger view of adaptations). Teachers must examine how they deliver instruction beyond the lecture format. Students with disabilities can be more active in groups and peer partnerships.
- Different people learn differently; and diversity must be accepted.
- Within curriculum adaptation and modification, strategies are provided to encourage higher level thinking.

- The philosophy that must be adopted.
- Classroom adaptation must seem natural, including giving all students a chance to respond with built in clues and prompts. Adapting goes beyond modifying (e.g., adapting means making the classroom more user friendly).
- A sense of community should be instilled in the classroom.
- Children with special needs are the same as regular education students with a variety of needs.

Elimination of Placement Biases Within State Funding Systems

Dempsey and Fuchs (1993) found that traditional funding approaches, which attempt to differential among the cost of basic student placements, may lead to more costly and restrictive placements. In a study of the LRE provisions of IDEA at selected sample sites, Hasazi, Liggett, and Schattman (1994) found that "finance emerged as the cornerstone of influence at all of the sites."

The U.S. Office of Special Education Programs (OSEP) has begun to cite IDEA compliance findings when there is evidence that the special education funding provisions contain fiscal incentives for restrictive placement options. Parrish (1994) found that the objective of reducing the number of restrictive special education placements in school districts appeared to be a primary rationale for change in 29 states pursuing special education finance reform. This study discussed ways for fiscal incentives to serve students with special education needs in more restrictive settings could be removed as well as ways for limited educational resources to be used more efficiently to provide better coordination and articulation across educational programs. Parrish concluded that program reforms promoting practices such as the greater integration of students with disabilities and a reduction in the number of restrictive placements can clearly be enhanced by the creation of fiscal incentives and the removal of disincentives for these reforms. Any fiscal incentives that clearly favor more restrictive placements conflict with the intent of IDEA. However, he stated that changes in fiscal policy alone would not suffice. These types of reform must also be accompanied by a set of specific goals, as well as technical assistance and training This study indicated that states might wish to develop policies that go beyond "placement .neutrality" by creating fiscal incentives that actually favor student placement in less restrictive settings.

CHANGES IN IDEA RELATED TO THE CONTINUUM

The emphasis on LRE and the continuum has not diminished under the IDEA Amendments of 1997. The new law requires that all students with disabilities be provided a free and appropriate public education (FAPE). maintains that "...To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled...." [Section 612(a)(5)(A)]

In carrying out the LRE provisions of IDEA, the proposed Federal rules require that each public agency ensure that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services. This continuum must include the following alternative placements: instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions. In addition, provision must be made for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement. [Section 300.551]. A note follows this proposed federal rule that clarifies that home instruction is usually appropriate for only a limited number of children, such as children who are medically fragile and are not able to participate in a school setting with other children. The continuum also includes the provision of nonacademic or extracurricular services and activities.

Following are other provisions of the IDEA Amendments of 1997 and the proposed Federal rules for IDEA related to the continuum:

- The focus of the changes in the new amendments is directed at improving results for children with disabilities by promoting early identification and early provision of services, and ensuring the access to the general curriculum and general education reforms.

- The contents of the IEP have been amended to emphasize the participation of students with disabilities in the general curriculum. IEP goals, including benchmarks or short-term objectives, must be written with this participation in mind. The IEP must include an explanation of the extent to which the student will not be participating with nondisabled children in the general education classroom and in nonacademic and extracurricular activities.

- The development of State performance goals for children with disabilities must address certain key indicators of success of educational efforts for these

children–including, at a minimum, performance on assessments, dropout rates, graduation rates, and regular reports to the public on progress toward meeting those goals.

- Children with disabilities must be included in general State and district-wide assessments, with appropriate accommodations. Each student's IEP must now include a statement as to what modifications the student will need in order to participate. If the IEP Team determines that participation is not appropriate for the student, a statement must be included in the child's IEP as to why not and how the student will be alternatively assessed.

- Schools must report to parents on the progress of their disabled child as often as such reports are provided to parents of nondisabled children.

- The State Improvement Program provisions of IDEA and additional funding contemplate that State performance goals and indicators will have a crucial role in determining personnel training and development needs.

- States are encouraged to offer funding to school districts to foster capacity building and systemic improvement activities.

- The definition of LRE has been amended to ensure placement-neutral funding.

- Funds provided to a local school district under Part B may be used to pay for the costs of special education and related services and supplementary aids and services provided in a regular class or other education-related setting to a child with a disability in accordance with the IEP of the child, even if one or more children without disabilities benefit from the services.

- The continuum of educational options must include alternative educational programs for students who have been suspended for more than ten days or expelled from school

- Extended school year services must be available to each child with a disability to the extent necessary to ensure that FAPE provided to the child.

- School districts may use up to 5 percent of Part B funds, in combination with other non-education funds, to develop and implement a coordinated services systems

designed to improve results for children and families, including children with disabilities and their families.

- A school district may use Part B funds to carry out a schoolwide program under section 1114 of the Elementary and Secondary Education Act of 1965.

CONSIDERATIONS FOR FUTURE DIRECTIONS OF THE CONTINUUM

As stated earlier in this document, the current provisions of IDEA require that students with disabilities be provided a FAPE defined as: "to the maximum extent appropriate, children with disabilities are educated with children without disabilities and that they be removed from the regular educational environment only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aides and services cannot be achieved satisfactorily." In order to operationalize FAPE, the Federal regulations for IDEA have conceptualized this FAPE requirement as the LRE. LRE decisions are to be made from a continuum of educational options.

The early LRE emphasis on placements or environments came at a time when, prior to the passage of P.L. 94-142 in 1975, one million of the children with disabilities in the United States were excluded entirely from the public school system. Since that time, special education programs and services have moved from a focus on *physical access* in the 1960s and 1970s, to *program access* during the 1980s, and more recently to *access to the general education curriculum* and to general testing/assessment in the latter 1980s and 1990s. In retrospect, the LRE and continuum emphasis of the Federal IDEA regulations have resulted in an unintended outcome–the viewing of special education and related services as a place rather than a set of supports or accommodations.

In order to address the concerns discussed in this document and to support the continued evolution and development of programs and services for students with disabilities, the following set of questions regarding the continuum are posed. These questions are intended to stimulate discussion by participants of the Continuum Forum to be convened by NASDSE's Project FORUM in February, 1998:

* What conceptual changes should be made in the LRE that would shift the emphasis from a continuum of *placements* to a continuum of *services* (e.g., extent and intensity of services provided)?

* What are the implications of the new IDEA focus on improved results, State performance goals, and indicators for the continuum?

* How could supplemental aids and services be further clarified to include general education or special education supports?

* Are there further clarifications that could balance the current continuum focus on placements or locations with service issues (e.g., extent and intensity of special education supports and services, linkage with the general education curriculum, improved outcomes, etc.)?

* What does access to the general education curriculum by students with disabilities mean within the context of special day classes and special schools?

* How can the continuum concept truly respect diversity (i.e., that different people learn differently, regardless of disability)?

* How can the continuum be re-conceptualized so that it is not based on a readiness model (i.e., that access to general education and increased interactions with students without disabilities can occur only when success is achieved in more restrictive programs and services)?

* How can the continuum reflect a dynamic flow of programs and services (e.g., flexible learning environments) that can change throughout a child's educational career based on changing educational needs.

* Can the continuum reflect a flexible set of supports in which all personnel, regardless of setting or location, work together to support *all* children.

* What are the unique roles that special schools can play as an integral part of a unified educational system.

* What role does parental and student choice have in considering programs and services along the continuum of educational options?

* Do changing concepts of disability (e.g., shift from a deficit to a strengths-based model) impact how we view LRE and the continuum?

* How can LRE decisions along a continuum reflect coordination and collaboration across special education and other programs such as Title I, migrant education, remedial education, etc.?

* Should the continuum take into consideration involvement of other social and health service agencies for children with complex needs?

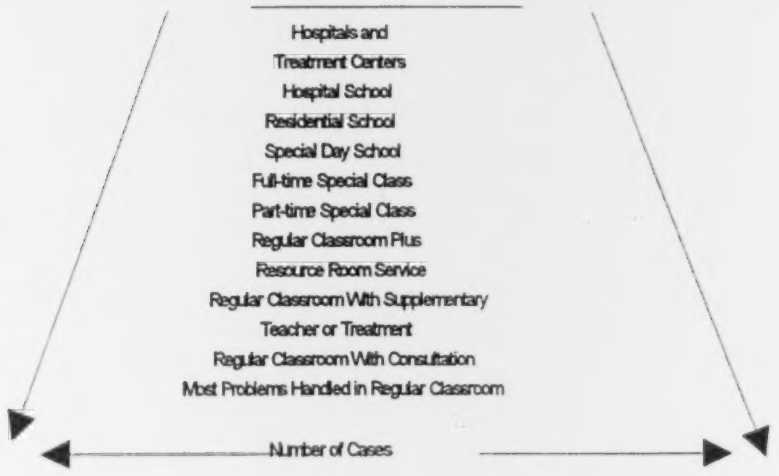
* How can alternative educational programs, provided for students suspended or expelled, be coordinated with school programs ensure a smooth transition back to the original school?

* How can placement-neutral state funding systems further promote flexible programs and supports along a continuum of options?

APPENDIX A

CONTINUUM MODELS

Figure 1. Reynold's Hierarchy of Special Education Programs



Council for Exceptional Children, 1977.

Figure 2. Deno's Cascade of Services Model (1970)

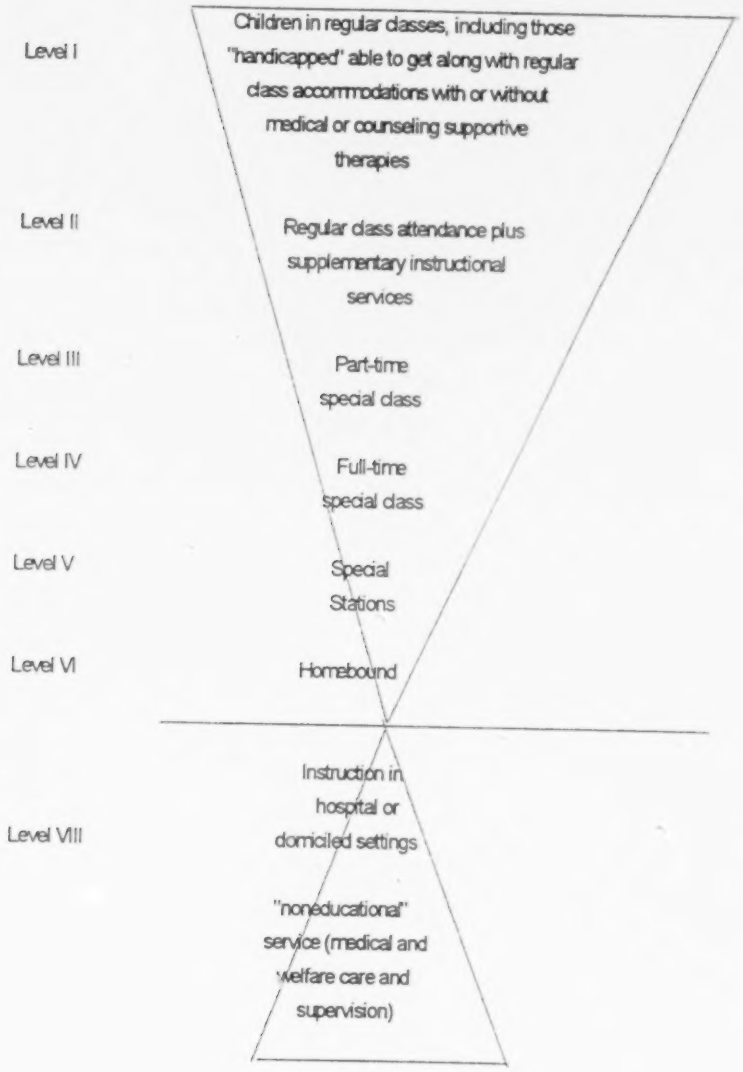

Level I
Children in regular classes, including those "handicapped" able to get along with regular class accommodations with or without medical or counseling supportive therapies
Level II
Regular class attendance plus supplementary instructional services
Level III
Part-time special class
Level IV
Full-time special class
Level V
Special Stations
Level VI
Homebound
Level VIII
Instruction in hospital or domiciled settings
"noneducational" service (medical and welfare care and supervision)
OUT-PATIENT" PROGRAMS
(Assignment of pupils governed by the school system)
IN-PATIENT" PROGRAMS
(Assignment of children bo facilities governed by health or welfare agencies)

Figure 3. Aloia's Horizontal Continuum Model

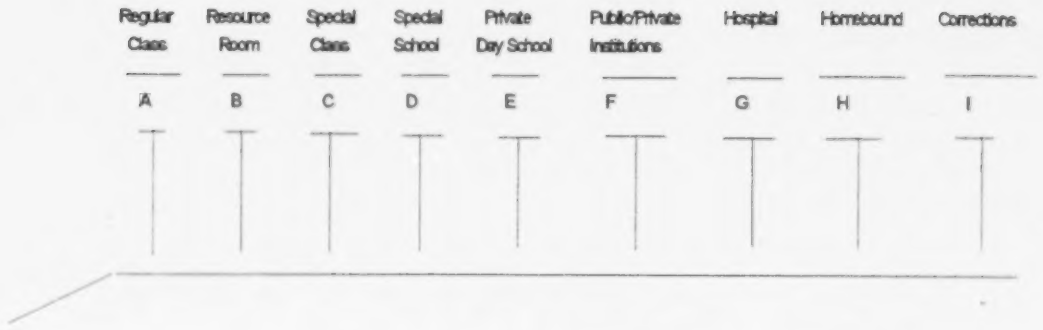


Figure 4. Grotsky' s Continuum of Education Placements Model

Primary Assignment: Regular Class Placement

Option 1 - Full time in regular class with supportive materials and/or direct service to the teacher.
Option 2 - Full time in regular class with direct service and instruction from the itinerant teacher.
Option 3 - Part-time (more than 50%) in regular class with instruction and/or involvement(generally non-academic) from resource room.
Option 5 - Part-time in regular class with instruction and/or involvement in another setting, such as a special education center, private school, etc.

Primary Assignment: Resource Room

Option 1 - Part-time in resource room with instruction and/or involvement in the regular classroom.
Option 2 - Full time in the resource room.
Option 3 - Part-time in the resource room with instruction and/or involvement special class.
Option 4 - Part-time in resource room with instruction and/or involvement in special facility.
Option 5 - Part-time in resource room with instruction and/or involvement in other setting such as special education facility, approved private school, etc.

Primary Assignment: Full-Time (Special Education) Class

Option 2 - Full time class with regular class instruction and/or involvement.
Option 2 - Full- -time class with resource room instruction and/or involvement.
Option 3 - Full time class.
Option 4 - Full-time class with special education facility instruction and/or involvement such as special education center approved private school, etc.

Primary Assignment: Special Education Facility

Option 1 - Special education facility with regular class instruction and/or involvement.
Option 2 - Special education facility with resource room instruction and/or involvement.
Option 3 - Special education facility with special class instruction and/or involvement.
Option 4 - Special education facility full-time.
Option 5 - Special education facility with instruction and/or involvement in approved private school, state hospital, etc.

Primary Assignment: Approved Private School

Option 1 - Part-time in approved private school with instruction and/or involvement in a regular class program.
Option 2 - Part-time in approved private school with instruction and/or involvement in resource room, full-time class or special education facility.
Option 3 - Approved private school full-time.
Option 4 - Approved private school with instruction and/or involvement in an institution, private licensed facility, etc.

Primary Assignment: State Center

Option 1 - Full-time public school.
- A. Resource Room
- B. Full-Time Class
- C. Special Education Facility.

Option 2 - Part-time in state center with instruction and/or involvement in public school program or approved private school.
Option 3 - Full-time in state center.

Primary Assignment: Detention

Option 1 - Full-time in regular class.
Option 2 - Full-time in regular class with supportive materials and/or direct services to teacher.
Option 3 - Full-time in regular class with direct services and instruction from itinerant teacher.
Option 4 - Part-time in regular class with instruction and/or involvement from resource room.
Option 5 - Part-time in regular class with instruction and/or involvement in special class.
Option 5 - Full-time in special education.
- A. Resource Room
- B. Full-Time Class
- C. Detention Facility.

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Figure 5. Reynold's and Birsch's Revision of the Cascade Model

Figure 5. Reynold's and Birsch's Revision of the Cascade Model

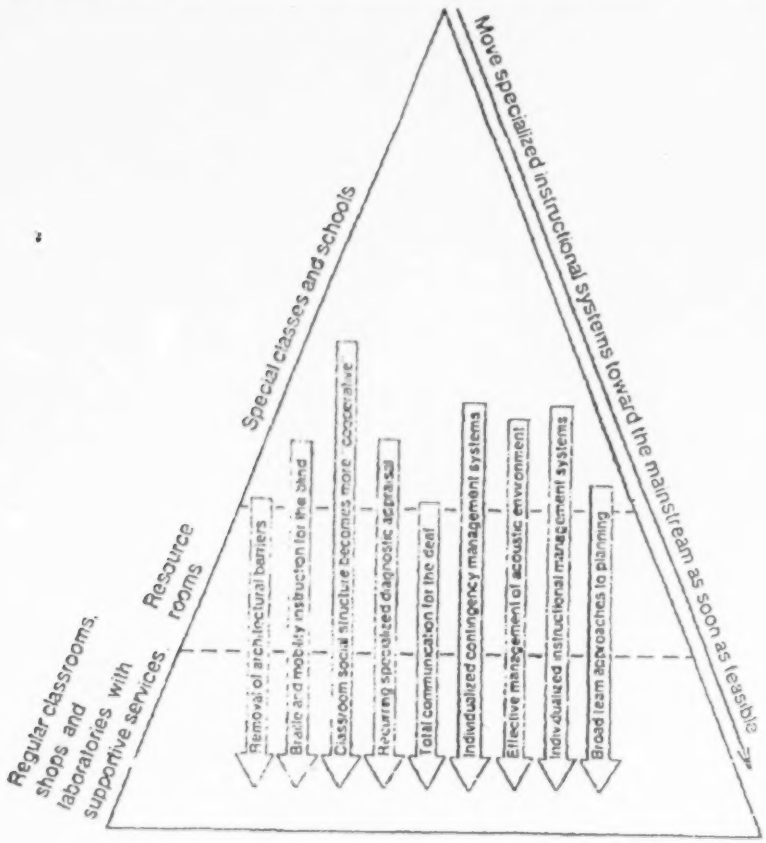
Move specialized instructional systems toward the mainstream as soon as feasible
Special classes and schools
Resource rooms
Regular classrooms, shops and laboratories with supportive services
Removal of architectural barriers
Braille and modality instruction for the blind
Classroom social structure becomes more cooperative
Recurring specialized diagnostic appraisal
Total communication for the deaf
Individualized contingency management systems
Effective management of acoustic environment
Individualized instructional management systems
Broad team approaches to planning

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Figure 6. Options Within A Continuum of Services Delivered (Reynolds and Birch (1977).

I. Regular Class with Supplementary Services
- Child remains in regular programs and receives auxiliary and supportive services appropriate to his/her needs.
- Special education personnel and material resources are made available to regular classroom teacher.

II. Regular Class with Separate Support Instruction.
- Special support services are delivered by itinerant teachers and other ancillary personnel who are fully qualified.

III. Regular Class Primary Placement with Separate Resource Room Instruction Part-Time
- Specific educational objectives are prescribed
  - A. Regular classroom removal to resource room: 1 to 10 hours per week
  - B. Regular classroom removal to resource room: 10 to 20 hours per week

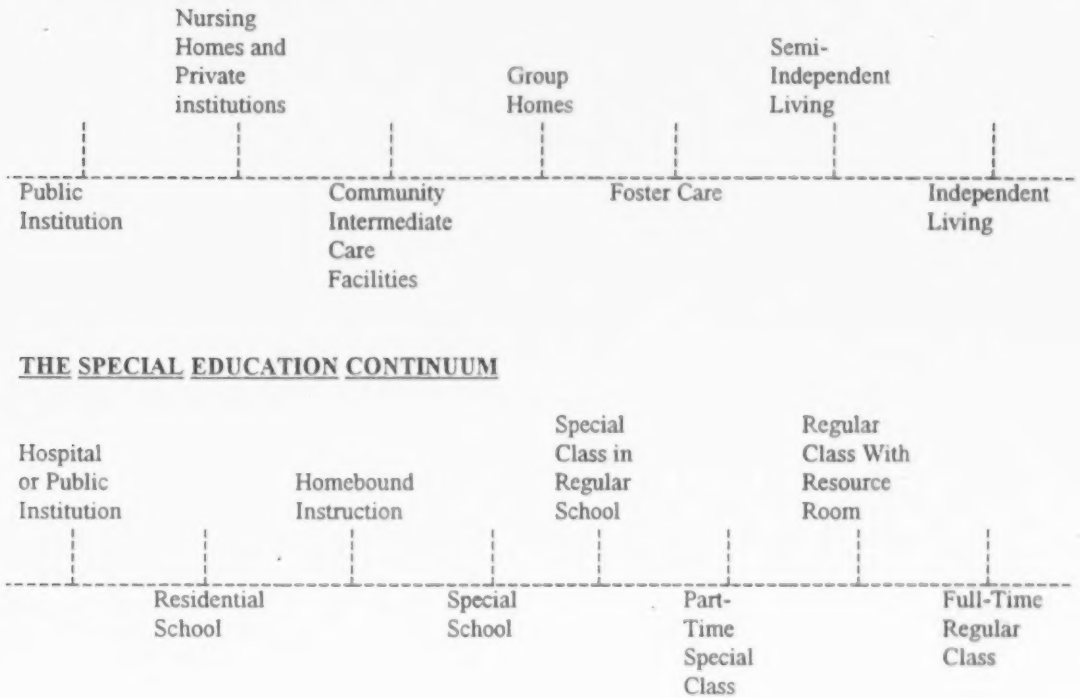
IV. Special Class to Regular School Facility
- Students are assigned to special education teacher to meet unique educational needs.
- Delivery of educational services primarily in self-contained setting with non-academic and extracurricular activities such as meals, recess, transportation, groups, clubs, etc. integrated with students without disabilities.

V. Special Class in Separate School Facility
- A special class in a self-contained setting composed solely of students with special needs.
- Special education teachers deliver services.

VI. Homebound/Hospitalized Instruction
- Placement system is viewed as temporary when medically necessary to restrict child's attendance and participation in regular setting.
- When appropriate, content provided would be the same as provided in regular classroom.
- Child's IEP determines educational services to be provided.

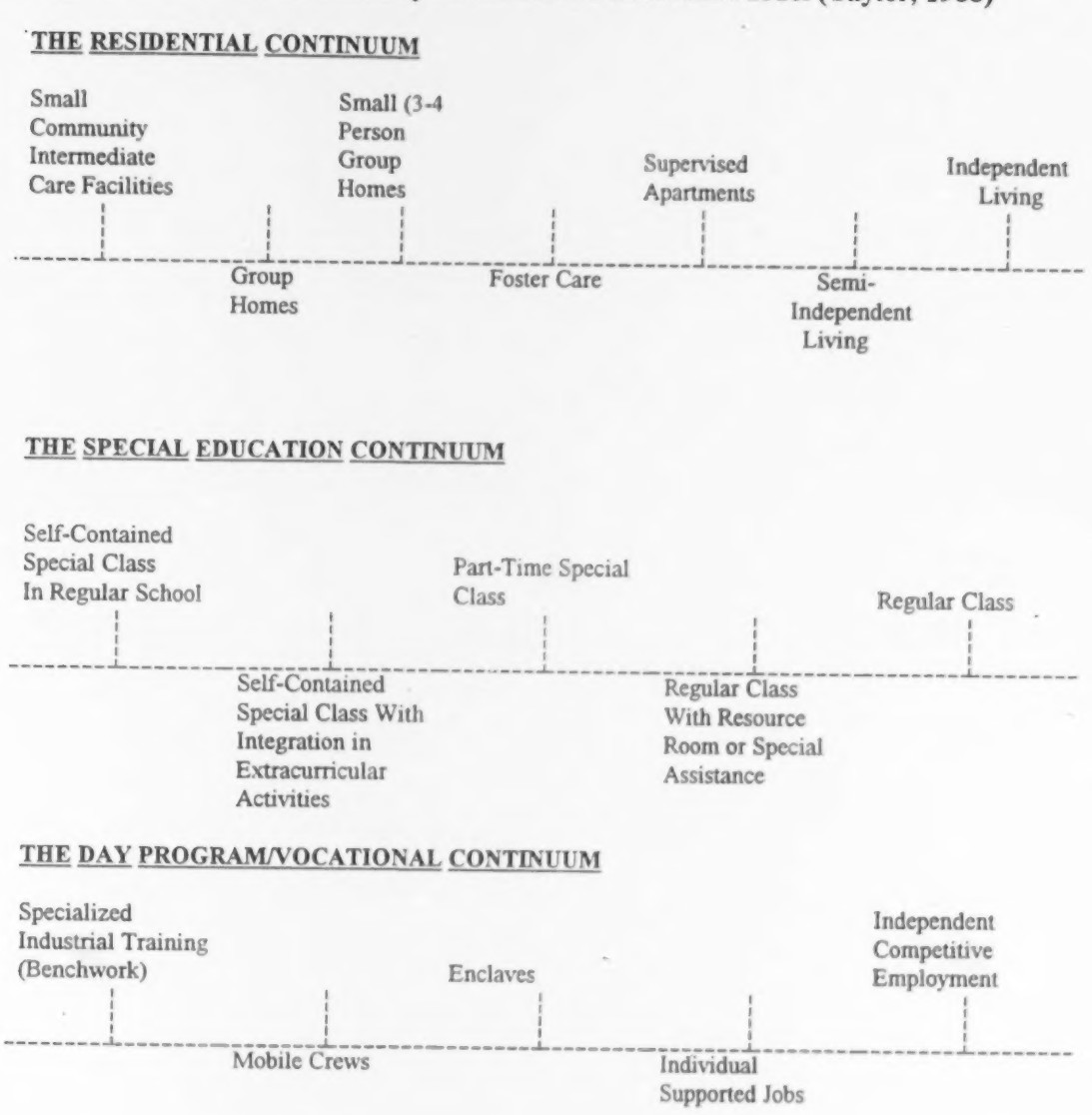
VII. Residential/Institutional Setting
- Medical factors may greatly restrict integrated activities outside this setting.
- Procedures should be established to foster interaction with persons without disabilities.

Figure 7. The Traditional LRE Continuum Model (Taylor 1988)



----- **More Restrictive** ---------- **Less Restrictive** ----
----- **Least Integrated** ---------- **Most Integrated** ----
---- **Least Normalized** ---------- **Most Normalized** ----

Figure 8. The New Community-Based LRE Continuum Model (Taylor, 1988)


THE RESIDENTIAL CONTINUUM
Small Community Intermediate Care Facilities
Small (3-4 Person Group Homes
Supervised Apartments
Independent Living
Group Homes
Foster Care
Semi-Independent Living
THE SPECIAL EDUCATION CONTINUUM
Self-Contained Special Class In Regular School
Part-Time Special Class
Regular Class
Self-Contained Special Class With Integration in Extracurricular Activities
Regular Class With Resource Room or Special Assistance
THE DAY PROGRAM/VOCATIONAL CONTINUUM
Specialized Industrial Training (Benchwork)
Enclaves
Independent Competitive Employment
Mobile Crews
Individual Supported Jobs
----- More Restrictive ---------- Less Restrictive ----
----- Least Integrated ---------- Most Integrated ----
---- Least Normalized ---------- Most Normalized ----

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APPENDIX D: Adelman Papers

SARRC REPORTS

Emerging Issues and Trends in Education

South Atlantic Regional Resource Center

How School Reform is Failing to Address Barriers to Learning[1]

Howard S. Adelman, Ph.D.
Linda Taylor, Ph.D.

School environments are being reshaped by reform and restructuring. A critical question is whether or not the new environments will benefit *all* students. If school environments are to ensure that all students succeed, they must be designed with the full range of learners in mind. Clearly this means ensuring the environment is designed for those who are motivationally ready and able to profit from "high standards" curriculum and instruction. But it also means designing the environment with due consideration for equity and diversity by paying particular attention to addressing external and internal barriers that interfere with students benefitting from improved instruction and living up to high standards. This is especially important for schools where large numbers of students encounter major barriers each day.

Although some youngsters have disabilities, it is well to remember that few start out with internal problems that interfere with development and learning. Even those who do usually have *assets/strengths/protective factors* that can counter deficits and contribute to success. The majority of learning, behavior, and emotional problems seen in schools stem from situations where (a) *external barriers* are not addressed and (b) *learner differences* that require some degree of personalization by instructional systems are not accounted for. And, the problems are exacerbated as youngsters internalize the frustrations of confronting barriers to development and learning and the debilitating effects of performing poorly at school (Adelman & Taylor, 1993; Dryfoos, 1990).

The litany of barriers is all too familiar to anyone who lives or works in communities where families struggle with low income. In such neighborhoods, school and community resources often are insufficient to the task of providing the type of basic (never mind enrichment) opportunities found in higher income communities. Furthermore, the resources are inadequate for dealing with such threats to well-being and learning as gangs, violence, and drugs. And, in many of these settings, inadequate attention to language and cultural considerations and to high rates of student mobility creates additional barriers not only to student learning but to efforts to involve families in youngsters' schooling.

How many are affected? Estimates vary. With specific respect to mental health concerns, between 12% and 22% of all children are described as suffering from a diagnosable mental, emotional, or behavioral disorder -- with relatively few receiving mental health services (Costello, 1989; Hoagwood, 1995). If one adds the many others experiencing significant psychosocial problems, the numbers grow dramatically. Harold Hodgkinson (1989), director of the Center for Demographic Policy, estimates that 40% of young people are in "very bad

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educational shape" and "at risk of failing to fulfill their physical and mental promise." Many live in inner cities or impoverished rural areas or are recently arrived immigrants. The problems they bring to the school setting often stem from restricted opportunities associated with poverty, difficult and diverse family circumstances, lack of English language skills, violent neighborhoods, and inadequate health care (Dryfoos, 1990; Knitzer, Steinberg, & Fleisch, 1990). The reality for many large urban and poor rural schools is that over 50% of their students manifest learning, behavior, and emotional problems.

WHAT SCHOOLS TRY TO DO TO ADDRESS BARRIERS TO LEARNING

Looked at as a whole, one finds in school environs an extensive range of preventive and corrective activity oriented to students' needs and problems. Some programs are provided throughout a school district, others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, to those identified as "at risk," and/or to those in need of compensatory education. The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be geared to an entire class, groups, or individuals. They include activities designed to reduce substance abuse, violence, teen pregnancy, school dropouts, delinquency, and so forth.

It is common knowledge, however, that few schools come close to having enough resources to respond when confronted with a large number of students who are experiencing a wide range of psychosocial barriers that interfere with their learning and performance. Most schools offer only bare essentials. Too many schools can't even meet basic needs. Primary prevention often is only a dream. The simple fact is that education support activity is marginalized at most schools, and thus the positive impact such activity could have on the school environment is sharply curtailed.

While schools can use a wide-range of persons to help students, most school-owned and operated services are offered as part of what are called pupil personnel services. Federal and state mandates tend to determine how many pupil services professionals are employed, and states regulate compliance with mandates. Governance of daily practice usually is centralized at the school district level. In large districts, counselors, psychologists, social workers, and other specialists may be organized into separate units. Such units straddle regular, special, and compensatory education. Analyses of the situation find that the result is programs and services that are planned, implemented, and evaluated in a fragmented and piecemeal manner. This contributes to costly redundancy, weak approaches to intervention, and very limited effectiveness (Adelman, 1996a; Adelman & Taylor, 1997a, in pressa).

SCHOOL-COMMUNITY COLLABORATIONS

In recent years, there has been increasing interest in *school-community collaborations* as one way to provide more support for schools, students, and families. This interest is bolstered by the renewed policy concern about countering widespread fragmentation in the operation of community health and social services. In response to growing interest and concern, various forms of school-community collaborations are being tested, including state-wide initiatives in California, Florida, Kentucky, Missouri, New Jersey, Ohio, Oregon, among others. This movement has fostered such concepts as *school linked services, coordinated services, wrap-around services, one-stop shopping, full service schools*, and *community schools.*

The contemporary literature on school-community collaborations is heavy on advocacy and prescription and light on data. Each day brings more reports from projects such as New Jersey's School-Based Youth Services Program, the Healthy Start Initiative in California, the Beacons Schools in New York, Communities-in-Schools, and the New Futures Initiative. Not surprisingly, the reports primarily indicate how hard it is to establish collaborations. Still, a reasonable inference from available data is that school-community collaborations can be successful and cost effective over the long-run. By placing staff at schools, community agencies make access easier for students and families -- especially those who usually are underserved and hard to reach. Such efforts not only provide services, they seem to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities and greater family involvement. Analyses of these programs suggest better outcomes are associated with empowering children and families, as well as with having the capability to address diverse constituencies and contexts. Families using school-based centers are described as becoming interested in contributing to school and community by

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providing social support networks for new students and families, teaching each other coping skills, participating in school governance, helping create a psychological sense of community, and so forth. It is evident that school-community collaborations have great potential for enhancing the school and community environment (Center for Mental Health in Schools, 1996, 1997; Day & Roberts, 1991; Dryfoos, 1994, in press; Knapp, 1995; Lawson & Briar-Lawson, 1997; Schorr, 1997; U.S. Department of Education, 1995; U.S. General Accounting Office, 1993).

FRAGMENTED ACTIVITY, FRAGMENTED ENVIRONMENTS

Despite the emphasis on enhancing collaboration, the problem remains that the majority of programs, services, and special projects continue to operate on an ad hoc basis. Staff tend to function in relative isolation of each other and other stakeholders, with a great deal of the work oriented to discrete problems and with an overreliance on specialized services for individuals and small groups. At schools, the trend toward fragmentation is compounded by most school-linked services' initiatives. This happens because such initiatives focus primarily on coordinating *community* services and *linking* them to schools, rather than integrating such services with the ongoing efforts of school staff. Fragmentation also stems from the failure of educational reform to restructure the work of school professionals who carry out psychosocial and health programs, as well as the dearth of policy establishing effective mechanisms for coordination and integration. In some schools, the deficiencies of current policies give rise to such aberrant practices as assigning a student identified as at risk for dropout, suicide, and substance abuse to three counseling programs operating independently of each other. Such fragmentation not only is costly, it works against cohesiveness and a sense of community.

Also mediating against a school environment conducive to addressing barriers to student learning is the fragmented and flawed way in which on-the-job education is handled. One of the most serious flaws is that school policy makers allocate few resources to considerations related to addressing barriers to learning and enhancing healthy development. Thus, almost none of a teacher's inservice training focuses on improving classroom approaches for dealing effectively with mild-to-moderate behavior, learning, and emotional problems. Another concern is that paraprofessionals, aides, and volunteers working in classrooms or with special projects and services receive little or no formal training/supervision before or after they are assigned duties. And little or no attention is paid to cross-disciplinary training (Adelman, 1996a, 1996b; Adelman & Taylor, 1997a; Adler & Gardner, 1994).

COMPREHENSIVE, INTEGRATED APPROACHES FOR ADDRESSING BARRIERS TO LEARNING

Ultimately, addressing barriers to learning and enhancing healthy development must be viewed from a societal perspective and require fundamental systemic reforms. From this viewpoint, the aim becomes that of developing *a comprehensive, integrated continuum of community and school programs* for local catchment areas. The framework for such a continuum emerges from analyses of social, economic, political, and cultural factors associated with the problems of youth and from reviews of promising practices (including peer and self-help strategies). It encompasses a holistic and developmental emphasis. Such an approach requires a significant range of multifaceted programs focused on individuals, families, and environments. Implied is the importance of using the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity. With respect to concerns about integrating activity, the continuum of community and school interventions underscores that interprogram connections are essential on a daily basis and over time. That is, the continuum must include *systems* of *prevention*, *systems* of *early intervention* to address problems as soon after onset as feasible, and *systems of care* for those with chronic and severe problems. And each of these systems must be connected seamlessly (Adelman & Taylor, in pressb).

Currently, most reforms are not generating the type of multifaceted, integrated approach necessary to address the many overlapping barriers -- including those factors that make schools and communities unsafe and lead to substance abuse, teen pregnancy, dropouts, and so forth. Developing such a comprehensive, integrated approach requires *more than* outreach to link with community resources (and certainly more than adopting a school-linked services model), *more than* coordination of school-owned services, *more than* coordination of school and community services, and *more than* Family Resource Centers and Full Service Schools.

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MOVING FROM A TWO TO A THREE COMPONENT REFORM FRAMEWORK: ADDING AN ENABLING COMPONENT

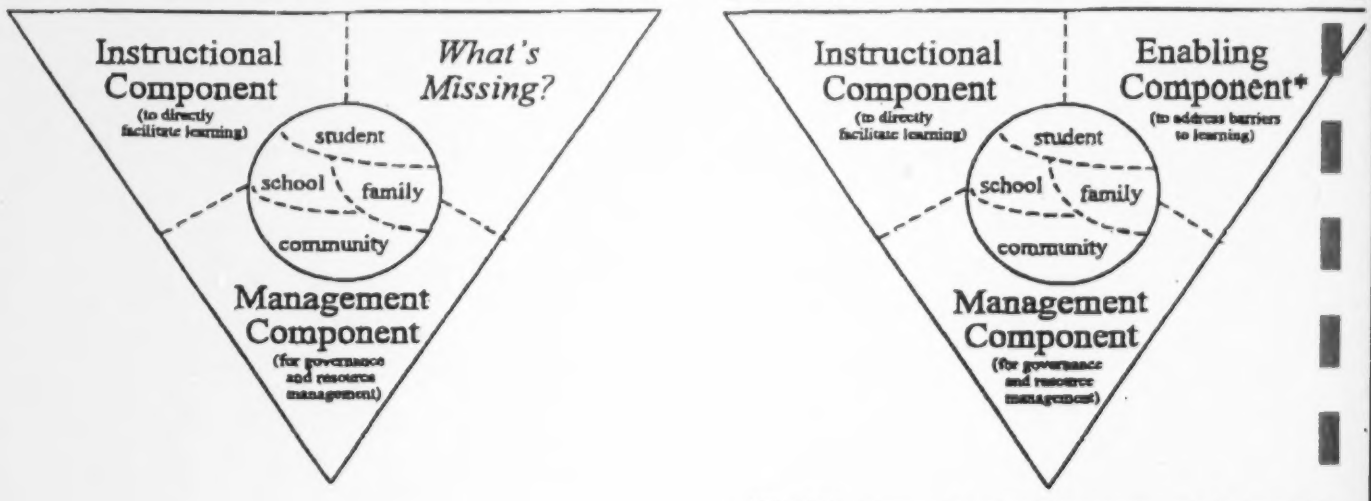
Viewing school/community environments through the lens of addressing barriers to development, learning, and teaching suggests the need for a basic policy shift. Policy is needed to elevate efforts to address barriers (including social, emotional, and physical health problems) to the level of one of three fundamental and essential facets of education reform and school and community restructuring. With respect to schools, this perspective suggests that to enable teachers to teach effectively there must not only be effective instruction and well-managed schools, but that barriers must be handled in a comprehensive, integrated way.

The current situation is one where, despite awareness of the many barriers, school and community reformers continue to concentrate *mainly* on improving efforts to directly facilitate learning and development (e.g., instruction) and system management. In effect, current policy pursues school and community reforms using a two rather than a three component model. This ignores the need to fundamentally restructure school and community support programs and services and marginalizes efforts to design the type of environments that are *essential* to the success of school reforms (e.g., environments that are designed to effectively address barriers to teaching and learning).

To address gaps in current reform and restructuring initiatives, a basic policy shift must occur. To this end, we have introduced the concept of the Enabling Component as a policy-oriented notion around which to unify efforts to address barriers to development, learning, and teaching (Adelman, 1996a, 1996b; Adelman & Taylor, 1994, 1997a). The concept is intended to underscore that (a) current reforms are based on an inadequate two component model for restructuring school and community resources and (b) movement to a three component model is necessary if all young people are to benefit appropriately from their formal schooling.

A three component model calls for elevating efforts to address barriers to development, learning, and teaching to the level of one of three fundamental and essential facets of education reform and school and community agency restructuring (see Figure 1). That is, to enable teachers to teach effectively, we suggest there must not only be effective instruction and well-managed schools, but that barriers must be handled in a comprehensive way. All three components are seen as essential, complementary and overlapping.

Figure 1. Moving to a three component model for reform and restructuring.



*The third component (an enabling component) is established in policy and practice as primary and essential and is developed into a comprehensive approach by weaving together school and community resources.

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By calling for reforms that fully integrate a focus on addressing barriers, the concept of an Enabling Component provides a unifying concept for responding to a wide range of psychosocial factors interfering with young people's learning and performance and encompasses the type of models described as full-service schools – and goes beyond them (Adelman, 1996b). Adoption of such an inclusive unifying concept is seen as pivotal in convincing policy makers to move to a position that recognizes the essential nature of activity to enable learning. More specifically, the Enabling Component concept calls on reformers to expand the current emphasis on improving instruction and school management to include a *comprehensive* component for addressing barriers to learning.

Emergence of a cohesive Enabling Component requires policy reform and operational restructuring that allow for weaving together what is available at a school, expanding this through integrating school, community, and home resources, and enhancing access to community resources by linking as many as feasible to programs at the school. This involves extensive restructuring of school-owned enabling activity, such as pupil services and special and compensatory education programs. In the process, mechanisms must be developed to coordinate and eventually integrate school-owned enabling activity and school and community-owned resources. And, restructuring also must ensure that the enabling component is well integrated with the other two components (i.e., the developmental/instructional and management components).

Although some calls for comprehensive, integrated approaches are attracting attention, they do not convey the perspective that interventions addressing barriers to development, learning, and teaching are *essential* to the success of school reform. The next step in moving toward a comprehensive approach is for school and community reformers to expand their vision beyond refining processes to facilitate instruction/development and improve system management. To this end, the following message must be brought home to policy makers at all levels: *current reforms cannot produce desired outcomes as long as the third primary and essential set of functions related to enabling development, learning, and teaching is so marginalized.*

Evidence of the value of rallying around a broad unifying concept, such as an enabling component, is seen in the fact that in 1995 the state legislature in California considered including the concept as part of a major urban education bill (AB 784). And in 1997, California's Department of Education included a version of the concept (calling it Learning Support) in their school program quality review guidelines (California Department of Education, 1996, 1997).

A MODEL FOR AN ENABLING COMPONENT AT A SCHOOL SITE

Operationalizing an enabling component requires formulating a delimited framework of basic programmatic areas and creating an infrastructure to restructure enabling activity. Based on an extensive analysis of activity used to address barriers to learning, we cluster enabling activity into the following six interrelated clusters of activity (see Figure 2).

A brief description of the six areas is provided below. For detailed discussion of how the enabling component is developed at a school site, see Adelman (1996a) and the Learning Center Model (1995).[2]

(1) ***Classroom Focused Enabling.*** When a teacher has difficulty working with a youngster, the first step is to address the problem within the regular classroom and perhaps with added home involvement. The emphasis is on enhancing classroom-based efforts that enable learning by increasing teacher effectiveness for preventing and handling problems. Personalized help is provided to increase a teacher's array of strategies for working with a wider range of individual differences. For example, teachers learn to use volunteers and peer tutoring to enhance social and academic support and to increase their range of accommodative strategies and their ability to teach students compensatory strategies. As appropriate, support *in the classroom* is provided by resource and itinerant teachers and counselors. Work in this area requires (a) programs for personalized professional development, (b) systems to expand resources, (c) programs for temporary out of class help, and (d) programs to develop aides, volunteers, and any others who help in classrooms or who work with teachers to enable learning. Through classroom-focused enabling programs, teachers are better prepared to address similar problems when they arise in the future. (The classroom curriculum already should encompass a focus on fostering socio-emotional and physical development; such a focus is seen as an essential element in preventing learning, behavior, emotional, and health problems.) Besides enabling learning, two aims of all this work are to increase regular class efficacy and reduce the need for special services.

(2) ***Student and Family Assistance.*** Student and family assistance should be reserved for the relatively few problems that cannot be handled without adding special interventions. The emphasis is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, available social,

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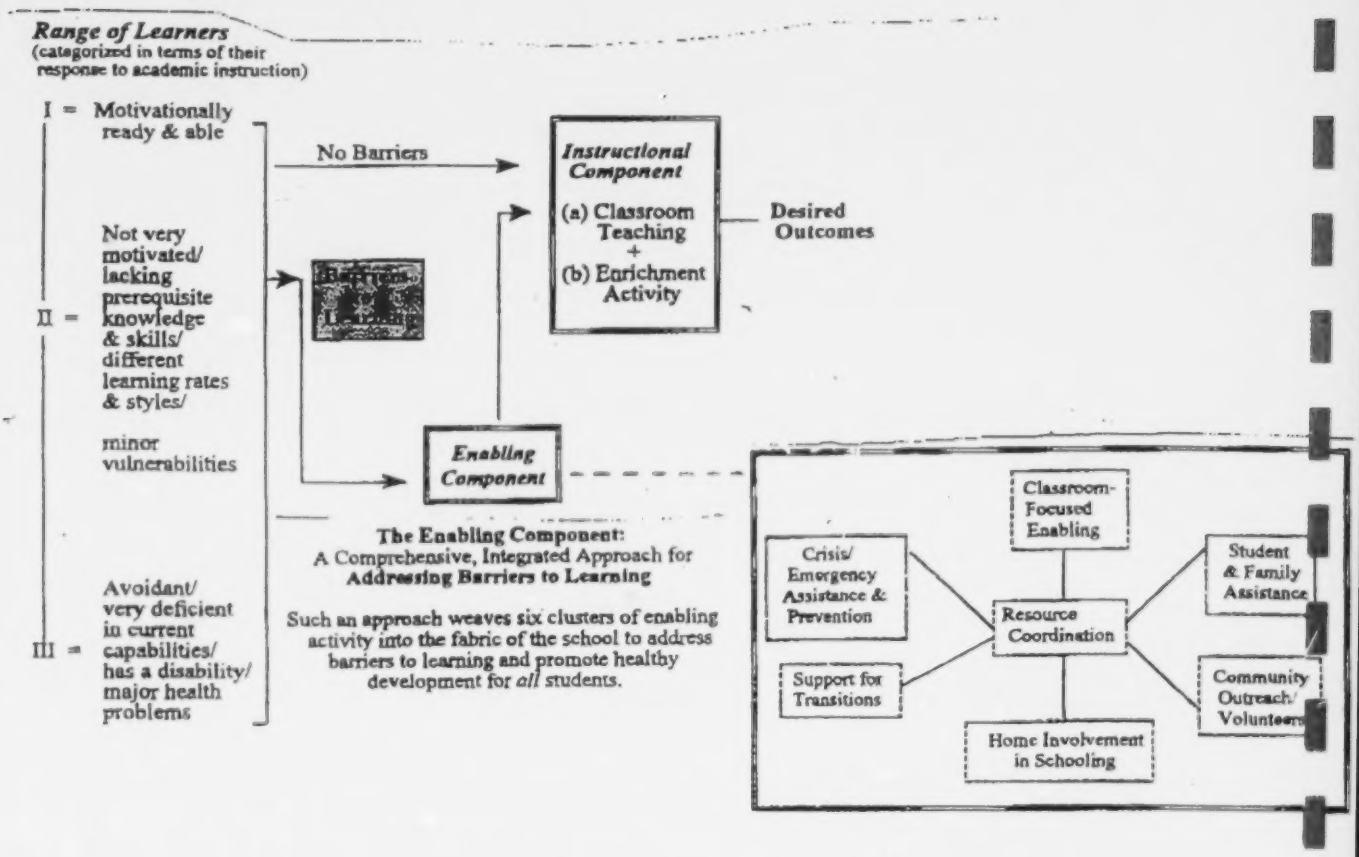
Figure 2. A model for an enabling component at a school site.


Range of Learners
(categorized in terms of their response to academic instruction)
I = Motivationally ready & able
II = Not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles/ minor vulnerabilities
III = Avoidant/ very deficient in current capabilities/ has a disability/ major health problems
No Barriers
Instructional Component
(a) Classroom Teaching
+
(b) Enrichment Activity
Desired Outcomes
Enabling Component
The Enabling Component:
A Comprehensive, Integrated Approach for Addressing Barriers to Learning
Such an approach weaves six clusters of enabling activity into the fabric of the school to address barriers to learning and promote healthy development for all students.
Classroom-Focused Enabling
Crisis/ Emergency Assistance & Prevention
Student & Family Assistance
Resource Coordination
Support for Transitions
Community Outreach/ Volunteers
Home Involvement in Schooling

physical and mental health programs in the school and community are used. As community outreach brings in other resources, they are linked to existing activity in an integrated manner. Additional attention is paid to enhancing systems for triage, case and resource management, direct services for immediate needs, and referral for special services and special education resources and placements as appropriate. Ongoing efforts are made to expand and enhance resources. All this requires (a) programs to support classroom focused enabling -- with emphasis on reducing teachers' need to seek special programs and services, (b) a stakeholder information program to clarify available assistance and how to access help, (c) systems to facilitate requests for assistance and strategies to evaluate the requests (including strategies designed to reduce the need for special intervention), (d) a programmatic approach to handle referrals, (e) programs providing direct service, (f) programmatic approaches for effective case and resource management, and (g) interface with community outreach to assimilate additional resources into current service delivery. As major outcomes, the intent is to ensure special assistance is provided when necessary and appropriate and that such assistance is effective.

(3) *Crisis Assistance and Prevention.* Schools must respond to, minimize the impact of, and prevent crises. This requires (a) systems and programs for emergency/crisis response at a site, throughout a school complex, and community-wide (including a program to ensure follow-up care) and (b) prevention programs for school and community to address school safety and violence reduction, suicide prevention, child abuse prevention and so forth. Desired outcomes of crisis assistance include ensuring immediate emergency and follow-up care is provided so students are able to resume learning without undue delay. Prevention activity outcomes are reflected in indices showing there is a safe and productive environment and that students and their families have the type of attitudes and capacities needed to deal with violence and other threats to safety.

(4) *Support for Transitions.* A variety of transitional concerns confront students and their families. A comprehensive focus on transitions requires planning, developing, and maintaining (a) programs to establish a welcoming and socially supportive school community, especially for new arrivals, (b) counseling and articulation programs to support grade-to-grade and

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In terms of task focus, infrastructure changes must attend to (a) interweaving school and community resources for addressing barriers (a component to enable learning), direct facilitation of learning (instruction), and system governance and resource use (management), (b) reframing inservice programs -- including cross-training, and (c) establishing appropriate forms of quality improvement, accountability, and self-renewal. Clearly, all this requires greater involvement of professionals providing health and human service and other programs addressing barriers to learning. And this means involvement in every facet, especially governance.

Furthermore, the institutional changes for moving toward comprehensive, integrated approaches cannot be achieved without sophisticated and appropriately financed systemic change processes. Restructuring on a large scale involves substantive organizational and programmatic transformation at multiple jurisdictional levels. Although this seems self-evident, its profound implications are widely ignored (e.g., see Adelman, 1993; Adelman & Taylor, 1997b; Argyris, 1993; Elias, 1997; Fullan & Stiegelbauer, 1991; Knoff, 1995; Replication and Program Services, 1993; Sarason, 1996; Schorr, 1997).

Elsewhere (Adelman & Taylor, 1997b), we present the model we are evolving for the wide-spread diffusion of new approaches such as an enabling component. It must suffice to highlight a few points here. At school and district levels, key stakeholders and their leadership must understand and commit to restructuring. Commitment must be reflected in policy statements and creation of an organizational structure that ensures effective leadership and resources. The process begins with activity designed to create readiness for the necessary changes by enhancing a climate/culture for change. Steps involved include: (1) building interest and consensus for developing a comprehensive approach to addressing barriers to learning and enhancing healthy development, (2) introducing basic concepts to relevant groups of stakeholders, (3) establishing a policy framework that recognizes the approach is a primary and essential facet of the institution's activity, and (4) appointment of leaders (of equivalent status to the leaders for the instructional and management facets) at school and district levels who can ensure policy commitments are carried out.

Overlapping the efforts to create readiness are processes to develop an organizational structure for starting-up and phasing-in the new approach. This involves (a) establishing mechanisms and procedures to guide reforms, such as a steering group and leadership training, (b) formulation of specific start-up and phase-in plans, (c) establishment and training of a team that analyzes, restructures, and enhances resources with the aim of evolving a comprehensive, integrated approach, (d) phased-in reorganization of all enabling activity, (e) outreach to establish collaborative linkages among schools and district and community resources, and (f) establishment of systems to ensure quality improvement, momentum for reforms, and ongoing renewal.

CONCLUDING COMMENTS

Addressing barriers to learning should not be viewed as a separate agenda from a school's instructional mission. In terms of policy, practice and research, it is more fruitful to conceive all categorical programs as embedded in the continuum of interventions that comprise a comprehensive, integrated component for addressing barriers and enhancing healthy development and learning. Once policy makers recognize the *essential* nature of such a component, it will be easier to weave together all efforts to address barriers and, in the process, elevate the status of programs to enhance healthy development.

With policy in place, work can begin to restructure, *transform, and enhance* school-owned programs and services and community resources, and include mechanisms to coordinate and eventually integrate it all. To these ends, the focus needs to be on *all* school resources (e.g., compensatory and special education, activity supported by general funds, support services, adult education, recreation and enrichment programs, extended use of facilities) and *all* community *resources* (e.g., public and private agencies, families, businesses; services, programs, facilities; volunteers, professionals-in-training). The aim is to weave all these resources together into the fabric of every school and evolve a comprehensive, integrated approach that effectively addresses barriers to development, learning, and teaching.

And let's not forget about linking schools to maximize use of limited resources. When a "family of schools" in a geographic area works together to address barriers, they can share programs and personnel in many cost-effective ways. This includes streamlined processes to coordinate and integrate assistance to a family that has children at several of the schools. For example, the same

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school-to-school transitions, moving to and from special education, going to college, moving to post school living and work, and (c) programs for before and after-school and intersession to enrich learning and provide recreation in a safe environment. Anticipated outcomes are reduced alienation and increased positive attitudes and involvement related to school and various learning activities.

(5) ***Home Involvement in Schooling.*** This area includes (a) programs for specific learning and support needs of adults in the home, such as offering them ESL classes and mutual support groups, (b) programs to help those in the home meet basic obligations to a student, such as providing parents instruction for parenting and for helping with schoolwork, (c) systems to improve communication that is essential to the student and family, (d) programs to enhance the home-school connection and sense of community, (e) interventions to enhance participation in making decisions essential to a student's well-being, (f) programs to enhance home support of a student's basic learning and development, (g) interventions to mobilize those at home to problem solve related to student needs, and (h) intervention to elicit help (support, collaborations, and partnerships) from those at home with respect to meeting classroom, school, and community needs. The context for some of this activity may be a *parent center* (which may be part of a *Family Service Center* facility if one has been established at the site). Outcomes include indices of parent learning, student progress, and community enhancement specifically related to home involvement.

(6) ***Community Outreach for Involvement and Support (including a focus on volunteers).*** Outreach to the community to build linkages and collaborations, develop greater involvement in schooling, and enhance support for efforts to enable learning. Outreach is made to (1) public and private agencies, organizations, universities, colleges, and facilities, (2) businesses and professional organizations and groups, and (3) volunteer service programs, organizations, and clubs. Activity includes (a) programs to recruit community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and individuals with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements), (b) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer-cross-age tutors and counselors, and professionals-in-training to provide direct help for staff and students -- especially targeted students), (c) programs outreaching to hard to involve students and families (those who don't come to school regularly -- including truants and dropouts), and (d) programs to enhance community-school connections and sense of community (e.g., orientations, open houses, performances and cultural and sports events, festivals and celebrations, workshops and fairs). Outcomes include indices of community participation, student progress, and community enhancement.

A well-designed and supported infrastructure is needed to establish, maintain, and evolve this type of a comprehensive, programmatic approach. Such an infrastructure includes mechanisms for coordinating among enabling activity, for enhancing resources by developing direct linkages between school and community programs, for moving toward increased integration of school and community resources, and for integrating the developmental/instructional, enabling, and management components (see Adelman, 1993; Rosenblum, DiCecco, Taylor, & Adelman, 1995; Adelman & Taylor, 1997b).

GETTING FROM HERE TO THERE

A policy shift and programmatic focus are necessary but insufficient. For significant systemic change to occur, policy and program commitments must be demonstrated through allocation/ redeployment of resources (e.g., finances, personnel, time, space, equipment) that can adequately operationalize policy and promising practices. In particular, there must be sufficient resources to develop an effective structural foundation for system change. Existing infrastructure mechanisms must be modified in ways that guarantee new policy directions are translated into appropriate daily practices. Well-designed infrastructure mechanisms ensure there is local ownership, a critical mass of committed stakeholders, processes that can overcome barriers to stakeholders working together effectively, and strategies that can mobilize and maintain proactive effort so that changes are implemented and renewed over time.

Institutionalization of a multifaceted, integrated approach requires redesigning mechanisms related to at least five basic infrastructure concerns. These encompass daily (1) governance, (2) planning-implementation for specific organizational and program objectives, (3) coordination/integration for cohesion, (4) leadership and capacity building, and (5) management of communication and information. In reforming mechanisms to address these matters, new collaborative arrangements must be established, and authority (power) must be redistributed -- all of which is easy to say and extremely hard to accomplish. Reform obviously requires providing adequate support (time, space, materials, equipment) -- not just initially but over time -- to those who operate the mechanisms. And, there must be appropriate incentives and safeguards for those undertaking the tasks.

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family may have youngsters in the elementary and middle schools and both students may need special counseling. This might be accomplished by assigning one counselor and/or case manager to work with the family. Also, in connecting with community resources, a group of schools can maximize distribution of such limited resources in ways that are efficient, effective, and equitable.

When resources are combined properly, the *end product* can be cohesive and potent *school-community partnerships*. Such partnerships seem essential if we are to strengthen neighborhoods and communities and create caring and supportive environments that maximize learning and well-being.

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ABOUT THE CENTER FOR MENTAL HEALTH IN SCHOOLS at UCLA

The Center is one of two national centers funded by the U.S. Department of Health and Human Services (Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health). For an overview of resources available from the Center, write c/o Dept. of Psychology, UCLA, Box 951563, Los Angeles, CA 90095-1563 or call (310) 825-3634 or use the internet to scan the website
http://www.lifesci.ucla.edu/psych/mh/

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Note:

1. Some of the material in this paper is drawn from previously published or in press articles by the authors (see cited references).

2. A set of surveys covering the six areas is available from the Center for Mental Health in Schools at UCLA (see contact information at the end of the text). These surveys can be used as part of a school's self-study or quality review processes to map what a school has and what it needs to address barriers to learning in a multifaceted and comprehensive manner.

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UCLA School Mental Health Project

Addressing Barriers to Learning

New ways to think . . .
Better ways to link

Mental Health in Schools Center
Training and Technical Assistance

Volume 2, Number 3
Summer, 1997

Deciding what is best for a child often poses a question no less ultimate than the purposes and values of life itself.
Robert Maaskia

A BRIEF REPORT FROM THE SUMMIT ON

Addressing Barriers to Learning: Closing Gaps in Policy & Practice

As readers of this Newsletter know, our Center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community resources.

In 1996, we held three regional meetings on the topic: *Policies and Practices for Addressing Barriers to Student Learning: Current Status and New Directions.* On July 28th of this year, we held a national summit on *Addressing Barriers to Student Learning: Closing Gaps in School/ Community Policy and Practice*. The various meetings brought together dedicated leaders representing an impressive mixture of national, state, and local agencies and organizations.

Contents

- *Need some help?* See pages 3 and 4.
- See page 10 for a discussion of *school-based case management teams* -- with emphasis on including teachers as key team members
- Page 11 offers one professional's *reflections on crisis counseling*

As we stressed in the report based on the 1996 meetings, *developing a comprehensive, integrated approach to addressing barriers to student learning continues to be a low priority* among policy makers. Also stressed was increasing concern about serious flaws in current policies and practices aimed at preventing and correcting learning, behavior, emotional, and health problems. This growing concern provides an opportunity for change.

Since last summer, we have continued to explore the current status of policy and practice around the country. We have zeroed in on state and local agencies and specific reform initiatives using structured surveys, reviews of formal documents they distribute and material they post on their webpages, and insights gleaned in discussions with those who are knowledgeable about prevailing policies and practices. The more we looked, the more we were struck by how few initiatives specifically approach barriers to learning as a primary and essential concern. Thus, our July summit was designed to begin a process to widely enhance realization of the importance of analyzing school reform and restructuring initiatives in terms of how well they address barriers to learning.

Participants at the summit had the opportunity to review a representative set of major initiatives aimed at improving student learning and development. Featured as a leaping off point for discussion were (a) models designed with support from the New American Schools Development Corporation, (b) changes in thinking at the California Department of Education resulting from its adoption of the concept of *Learning Support*, (c) an update on

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the *Community Schools* movement, (d) the upcoming effort to realign Missouri's *Caring Communities* initiative with the state's education reforms, (e) the Kauffman Foundation's work related to the *Successful Schools* initiative, (f) the movement for *Comprehensive School Health Programs* as stressed in the Institute of Medicine's recent report and as supported by the Centers for Disease Control and Prevention, and (g) the approach the Los Angeles Unified School District is taking to reform and restructure its student support programs and services. In addition, participants brought to the table an immense amount of experience with reforms around the country. The day's work yielded further appreciation of the potential contributions such initiatives can make and increasing awareness of how few models include a focus on addressing barriers to learning as a primary and essential component of reform and restructuring. Also evident was the likelihood of further confusion among policymakers and more fragmentation in practice at all levels as model advocates compete for adoption.

This brief report reflects our efforts to analyze and extrapolate from the various sources of data. In preparing the report, we have tried to capture and integrate the consensus of what was explored at the summit with our other sources. At the same time, we recognize that data are always filtered through a personal lens; we take full responsibility for any errors of omission or commission and for all interpretations

Fundamental Gaps in Policy/Practice

When the lens of addressing barriers to student learning is applied to current reform and restructuring initiatives, the major gaps in policy and practice can be grouped into five fundamental areas (see the Figure). What follows is our effort to highlight the major gaps in each of these areas as our analyses have identified them.

Although the litany of gaps are all too familiar to anyone who works in the field, there are a number of implications that arise from viewing them within the framework provided. These implications are explored in some detail after we comment on each area and list out some of the fundamental gaps in policy and practice.

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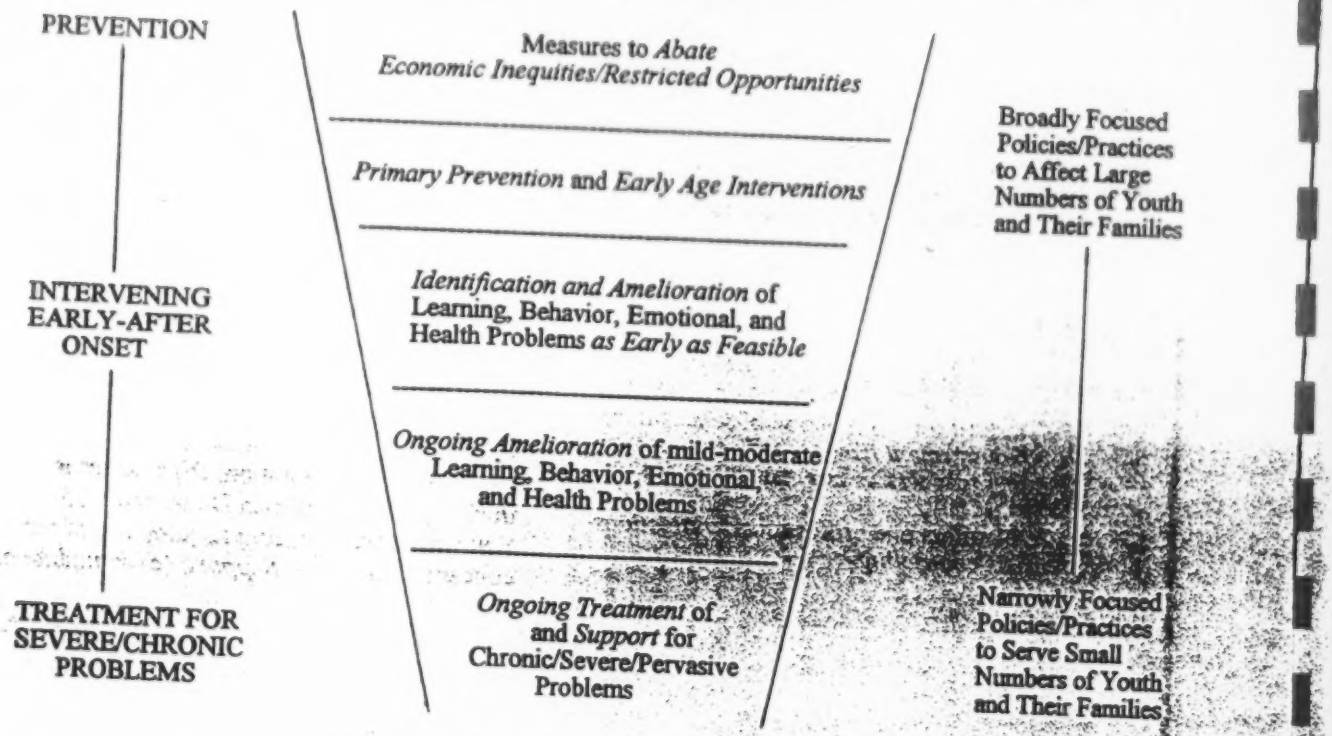
Figure: Addressing barriers to student learning: A continuum of five fundamental areas for analyzing policy and practice.


PREVENTION
INTERVENING EARLY-AFTER ONSET
TREATMENT FOR SEVERE/CHRONIC PROBLEMS
Measures to *Abate* *Economic Inequities/Restricted Opportunities*
Primary Prevention and *Early Age Interventions*
Identification and Amelioration of Learning, Behavior, Emotional, and Health Problems *as Early as Feasible*
Ongoing Amelioration of mild-moderate Learning, Behavior, Emotional, and Health Problems
Ongoing Treatment of and *Support* for Chronic/Severe/Pervasive Problems
Broadly Focused Policies/Practices to Affect Large Numbers of Youth and Their Families
Narrowly Focused Policies/Practices to Serve Small Numbers of Youth and Their Families

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(continued from p. 2)

(1) Measures to Abate Economic Inequities/Restrictive Opportunities

Everyone is aware that restricted opportunities affect learning and development. Restricted opportunities stem from a variety of documented factors and play a role in causing learning, behavior, emotional, and health problems. The root of many of these variables can be traced to conditions related to poverty. Thus, measures to abate poverty remain one of the most fundamental areas where major gaps in policy and practice undermine efforts to improve educational outcomes for *all* youth. As long as so many young people live in poverty, many will confront an enormous range of restricted opportunities that lead to poor school performance, and interveners trying to address such problems increasingly will be overwhelmed. And, of course, not only do youngsters with problems suffer, *all* public school students are negatively affected as larger proportions of school/community resources are diverted to cope with problems. What makes all this so ironic and poignant is that it exacerbates economic and social inequities by severely limiting who in the society reaps the benefits of formal education and who suffers the consequences of schools where high rates of failure and disaffection are the norm.

Major Gaps in this Area. There is consensus that current reforms represent woefully inadequate measures to abate the scope of restrictive opportunities that exist in the country. Relevant analyses, reflecting fundamental differences in social and educational philosophy, are readily available and need not be repeated here.[1]

(2) Primary Prevention and Early Age Interventions

The next line of defense in addressing barriers to learning involves primary prevention and early age interventions (e.g., fostering healthy development, promoting public health and safety, developing programs for community recreation and enrichment in poverty impacted areas).

Major Gaps in this Area. Current policies and practices do not ensure

- [illegible]
- quality day care and pre-kindergarten education
- home involvement in fostering healthy development and in solving youngsters' problems
- health care for young children
- personalized instruction in the primary grades
- recreation and enrichment programs for all youth;
- open enrollment options to provide a range of qualitatively good school program opportunities from which students and their families can choose a good fit.

(3) Identification and Amelioration of Learning, Behavior, Emotional and Health Problems as Early as Feasible

Given that primary prevention and early age interventions are not yet a high priority in policy and practice, *early identification* and *amelioration* have gained some prominence as the next line of defense. The intent is to combine both facets. With respect to health, the federal government's Early Periodic Screening, Diagnosis, and Treatment initiative has demonstrated both the potential and the inadequacies of current policy and practice related to early identification and amelioration. In an era of reduced public expenditures, insufficient underwriting of this program has curtailed aggressive outreach and tailoring of strategies to reach various population groups. Even more basic is the lack of resources for ensuring that medical, dental, and mental health treatments are available and accessible. Consequently, in many cases, significant treatable problems are found, but families cannot be connected with appropriate treatment. In schools, comparable gaps are seen in the dearth of programs that (a) provide immediate support to students when they begin to perform poorly academically and (b) anticipate and provide immediate support for those experiencing difficulty adjusting to school, making other transitions, or responding to crises -- all of which are strongly associated with poor academic performance.

Major Gaps in this Area. The need is to strengthen policy and practice to ensure

- aggressive outreach to find the problems *and* ameliorate them -- including home involvement in solving youngsters' problems and in fostering ongoing healthy development.

(4) Ongoing Amelioration of Mild-Moderate Problems

Activity that helps ameliorate mild to moderate problems has been significantly reduced by prolonged curtailment of funding for education and public services (including recreational and enrichment opportunities that foster healthy development). Relatedly, the number of students with learning, behavior, emotional, and health problems is increasing. Thus, it is not surprising that referrals for special help are escalating. Less services, more referrals equals not enough special help to go around. What should be a relatively small

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pool of youth in need of adjunctive services has become an overwhelming onslaught that drains dwindling resources to the point where the majority cannot be served. And, for a large proportion of students this guarantees below grade level performance at the end of middle school, non enrollment in college prep courses, and a high likelihood of dropping out. (Because so many of these students are seen as a product of failing social and educational systems, some analysts refer to them as *pushouts*.)

Major Gaps in this Area. Policy/practice is needed that goes beyond such current emphases as increasing standards and fostering collaborations; a primary focus also must be on ensuring

- high quality, integrated school-community programs designed to provide ongoing academic support and other related services needed to help students who are performing poorly at school; this includes assisting families so they can play a stronger role in helping their youngsters learn and perform more effectively;

  (As noted in last year's report, achieving high quality programs involves transforming the education support resources schools own and operate so that the efforts (a) function in an integrated, programmatic way and (b) are woven together as much as feasible with community owned resources. The idea is both to use combined resources more effectively in addressing barriers to learning and to evolve a comprehensive approach for doing so.)

- quality programs for students not taking college preparation courses in high school -- because they are uncertain about higher education or have decided not to go on.

  (Examples of program options include courses in computers and information technology; programs related to graphic, performing, and culinary arts; high school academies focused on business and health careers.)

(5) Ongoing Treatment of and Support for Chronic/Severe/Pervasive Problems

The increasing volume of students with mild-moderate problems is overwhelming the relatively few corrective strategies society has established. This means that a significant number of youngsters receive little or no special assistance, and their problems worsen. Because of this state of affairs, there is a tendency for teachers and parents to want more and more youngsters with mild-moderate problems referred for special education and related remedial and therapeutic services. Referrals have increased markedly for special education and other specialized treatments intended for those with the most chronic/ severe/pervasive problems. Because of inadequate gatekeeping, this swells the ranks diagnosed and misdiagnosed students and misuses and overloads specialized systems of care. And, whether or not they end up in special education, students whose problems continue unabated over several years are prime candidates for dropping out of school.

Major Gaps in this Area. Policy/practice are needed to ensure

- more effective gatekeeping and detection of false positive diagnoses related to special education and related remedial and therapeutic services;

- enhancement of intervention effectiveness.

  (The focus on enhancing intervention effectiveness should include further clarification of the respective contributions of special instruction, psychotherapy/ counseling, dropout recovery, family respite/ support/ preservation, juvenile justice transition programs, and truly comprehensive systems of care.)

(cont. on page 7)

A Point About *Accountability*

Everyone is aware that policymakers want accountability. When it comes to any expenditure for schooling, policymakers tend simply to call for achievement test scores as *the criteria* for effective practice. From the perspective of interventions to address barriers to student learning, this raises the problem of *disconnected* accountability. That is, although achievement scores are the ultimate proof, these measures are too far removed from the immediate outcomes of interventions designed to ameliorate learning, behavior, emotional, and health problems. Appropriate assessment of the impact of interventions to *enable* students to learn and teachers to teach requires benchmarks that have a direct relationship to immediate objectives. For example, because they are essential prerequisites to enhanced academic achievement, policymakers should adopt variables such as more home involvement, less absences/ tardies, effective transitions, fewer dropouts, less violence, and less mobility as reasonable benchmarks in holding nonacademic interventions accountable.

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Some Implications

In addition to gaps in policy and practice that are evident when looked at from the perspective of addressing barriers to learning, other implications arise from analyses using a framework that recognizes the interrelationship of the continuum of fundamental school and community interventions that are needed.

No integrated set of policies for addressing barriers to learning

From a "Big Picture" perspective, probably the largest gap is the virtual absence of an *integrated set of policies* for addressing barriers to learning. The widespread prevalence of piecemeal programs and fragmented practices are widely attributed to funding and guidelines tied to problems that have been narrowly categorized (e.g., safe and drug free schools, pregnancy prevention, child abuse protective services, juvenile crime reduction) or are separated from each other more for political than sound intervention reasons (compensatory and special education). In the absence of an integrated "big picture" framework for policymaking, it seems inevitable that the argument of advocates for narrow and often competing initiatives will push policymakers into enacting fragmented programs with no plan for how the pieces eventually come together to resolve major psychosocial, educational, and health concerns.

Deemphasis of the prevention end of the continuum causes problem-oriented interventions to be overwhelmed and problems become intractable

The sequence of interventions outlined as a continuum in the accompanying figure highlights how intertwined the areas are. Inadequate attention at the broadest level (prevention) leads to increasing numbers who need help at other points in the continuum. Thus, in the absence of an increased emphasis on measures to abate economic inequities/ restricted opportunities, primary prevention, and early age interventions, excessive numbers of youth continue to overwhelm existing programs and services. As indicated in the figure, these fundamental areas require policies and practices that are broadly focused (designed to affect large numbers of youth and their families). Failure to close gaps in these areas ensures that many more youngsters than should be the case will continue to develop problems and be a needless drain on existing resources. Indeed, the concern here is not just about having more people to treat because we don't do enough prevention, the concern is that by not pursuing prevention aggressively we contribute to the growing numbers seeking assistance for problems. In some communities, the numbers are so large that the resources available to deal with them are woefully inadequate, and the problems run rampant and seem intractable.

Collaboration for what?

. . . to evolve comprehensive, integrated approaches to address the full continuum of intervention needs

The push for collaboration has stimulated discussions about potentially valuable system changes. One unfortunate side effect is that many groups are brought together to "collaborate" without taking time to build a sense of vision, commitment, and readiness for change. Thus, it is not surprising that the "not another meeting" phenomenon has surfaced. Policy simply calling for interagency collaboration to reduce fragmentation and redundancy with a view to greater efficiency is insufficient. And in the long run, it well may be counterproductive to improving intervention effectiveness. The example of school-linked services initiatives illustrates the point. Such initiatives tend simply to focus on co-locating a limited amount of community agency resources on a few school campuses. On the positive side, such cooperative ventures provide some [illegible] access and attract some who otherwise would not have received services. It also allows some areas of intervention such as child welfare and juvenile justice programs to work more closely with other community and school resources. The work also demonstrates the feasibility of community agencies coming to school sites. On the negative side, such services are woefully inadequate to meet the needs of students and without fully integrating with school operated programs and services, school-linked services are producing a new form of fragmentation. Moreover,

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some policymakers are pointing to the demonstrations as evidence that community services can replace school-owned and operated support services (e.g., as reflected in increasing talk of contracting out work done by some pupil services personnel). Such a policy would have a number of serious repercussions, including reducing the overall pool of resources for addressing barriers to learning and preventing efforts to reform and restructure existing resources to evolve a comprehensive approach.

Effective collaboration requires policy and practices that ensure:

"big picture" mapping, analysis, redeployment and blending of resources

Currently, there is no overall analysis of the amount of resources used to address barriers to learning or of how they are expended. Without such a "big picture" analysis, policymakers and practitioners are deprived of information that is essential to enhancing system effectiveness. Until there is comprehensive mapping and analysis of resources, major redeployment and blending of resources are unlikely to occur and the token efforts made will have little effect. At the same time, there should be no illusions about current allocations; even when public school and community agency resources are redeployed and blended, there is no reason to believe that existing resources are sufficient to evolve a comprehensive approach for addressing barriers to learning. This has obvious budgetary implications, but it also underscores the need to pay greater attention to integrating with all neighborhood resources (families, youth and faith organizations, local businesses).

creation of linked mechanisms for system change

Collaboration designed to produce the type of major changes implied above requires linked policy that

- delineates high level leadership assignments and underwrites essential leadership training related to *both* the vision for change *and* how to effect such changes
- provides adequate funds for capacity building to accomplish desired system changes
- creates change teams and change agents to do the day-by-day activities that build essential stakeholder support and redesign institutionalized structures and processes so system changes are established and maintained
- guarantees roles and training for the effective involvement of line staff, families, students, and other community members in shared decision making.

inservice training is upgraded and is provided to all involved parties

An essential element of successful capacity building is inservice training that significantly upgrades the competence of all who are involved in intervention efforts, including a focus on attitudes, knowledge, and skills related to system changes. Current policies and practices pay scant attention to inservice to improve approaches to addressing barriers to learning -- nevermind differentiating inservice to ensure different personnel are able to perform their functions effectively.

True home involvement requires outreach and support designed to mobilize families

Policies and practices stressing parent involvement do not go far enough. They do not account for the fact that in many homes grandparents and other relatives have become the primary child caretakers. In addition, they completely ignore the influence of older siblings. And they overrely on parent education as the key intervention strategy and are widely ineffective in involving the majority of homes. An integrated set of policies to address barriers to student learning in a comprehensive manner must broaden the focus from parent to home involvement and underwrite strategies for outreach and for providing a range of supportive interventions designed to mobilize families.

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New thinking about higher education and school/community relationships

Those involved in school and community reforms recognize that institutions of higher education currently are part of the problem (e.g., because of what they don't teach undergraduates, what they don't focus on in pursuing research, the inadequacy of professional preparation programs and professional continuing education programs). Can such institutions become a greater part of the solution? Most colleges and universities have long histories of informal and formal relationships with public schools and community agencies. These include special projects designed to improve school and agency performance, placements for training, programs to encourage college students to volunteer as aides, tutors, and mentors, outreach to increase college enrollments, and much more. Some of the activity is designed to advance knowledge, some enriches college instruction, and some is done in the interest of service and public relations. For the most part, the activity is ad hoc and fragmented rather than programmatic and integrated. Clearly, the connections between higher education and public schools and agencies are not part of an overarching policy vision for the many ways the institutions should benefit from each other. Involvement of higher education in more substantive collaborations will not occur because of good intentions. To achieve more than a marginal involvement of these mega-resource institutions requires policy, models, and structural changes that ensure the type of truly reciprocal relationships necessary to produce progress in addressing the pressing educational, social, and health concerns confronting our society.

Participants at the summit recognized that the thinking of key policymakers is shifting. Among the positive trends, the federal government wants more intra and interagency collaboration, the U.S. Dept. of Education is calling for school-wide planning to counter fragmentation, the U.S. Dept. of Health and Human Services is underwriting initiatives for comprehensive school health programs, and foundations are moving away from supporting initiatives that fold when project funding ends. And, as the presentations at the summit demonstrated, there is no lack of ideas for how to make things better. At the same time, it is clear that policy continues to be developed in a piecemeal manner, with the focus often on marginal responses to complex problems. Policy makers can and must do better. The full report from the summit will discuss an agenda for moving forward.

We keep getting stuck because we find it so easy to state the outcomes we want – and then sit back without ever taking on the many problems that must be dealt with to get from here to there.

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[1]Below are a few references dealing with concerns about economic inequities/restricted opportunities.

For an intervention-oriented discussion of environment and reciprocal deterministic perspectives of learning, behavior, emotional, and health problems, see

H.S. Adelman & L. Taylor (1993). *Learning problems and learning disabilities.* Pacific Grove, CA: Brooks/Cole.

H. S. Adelman & L. Taylor (1994). *On understanding intervention in psychology and education.* Westport, CT: Praeger.

For an urban schooling view of the problem, see

L.F. Miron (1996). *The social construction of urban schooling: Situating the crisis.* Cresskill, NJ: Hampton.

For an up-to-date social policy/practice perspective relevant to economic inequities, see the discussion and references cited in

"Focus on Welfare Reform" in *The Community Agenda* – published jointly by The Center for the Study of Public Policy and The *Together We Can* Initiative phone: 202/822-8405, ext. 45.

NEW From The Center's Clearinghouse

School-Based Mutual Support Groups
(For Parents, Staff, and Older Students)

A technical aid packet for establishing mutual support groups in a school setting. Outlines a sequence of steps and tasks for

- working within the school to get started,
- recruiting members,
- training them to run their own meetings,
- follow-up support.

The specific focus is on parents; however, the procedures are readily adaptable for use with others, such as older students and staff.

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Beyond Placement in the Least Restrictive Environment: The Concept of Least Intervention Needed and the Need for a Continuum of Community-School Programs/Services

When professionals attempt to ameliorate problems, standards for good practice call on them to prescribe as much but no more intervention than is necessary. This is essential because interventions can be costly -- financially and in terms of potential negative consequences.

Of course, the ability to provide what is necessary depends on the availability of a full array of appropriate and accessible interventions. However, even if one has the good fortune to be able to prescribe from a full array of interventions, good practice requires using an intervention only when it is necessary and the benefits significantly outweigh the costs. (Obviously, dilemmas arise regarding costs and benefits for and according to whom.)

Least Intervention Needed

The desire to meet needs in ways that ensure that benefits outweigh costs (financial and otherwise) makes the concept of *least intervention needed* a fundamental intervention concern. The concept of using the least intervention needed (and the related notion of placement in the least restrictive environment) find support in "the principle of normalization"-- which is associated with antilabelling, mainstreaming, and deinstitutionalization policies[1].

First and foremost, least intervention needed emphasizes the intent to do what is *needed.* At the same time, the adjective "least" reflects the recognition that any intervention

- is an interference into the affairs of others (can be intrusive, disruptive, restrictive)
- consumes resources
- may produce serious negative outcomes.

Thus, translated into an intervention guideline, the concept can be stated as follows: *In ensuring that needs for assistance are met, do not interfere with an individual's opportunity for a normal range of experiences more than is absolutely necessary.*

For example, if an individual with emotional problems can be helped effectively at a community agency, this is seen as a better option than placing the person in a mental hospital. For special education populations, when a student with learning or behavior problems can be worked with effectively in a regular classroom, placement in a special education class is inappropriate. The concept of least intervention needed is reflected in laws that protect individuals from removal from the "mainstream" without good cause and due process. Such legislation and associated regulations reflect concern that disruptive or restrictive interventions can produce negative effects, such as poor self-concept and social alienation; in turn, these effects may narrow immediate and future options and choices, thereby minimizing life opportunities.

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[1] On deinstitutionalization and the principle of normalization, see N.E. Bank-Mikkelsen (1976). Administrative normalizing. *SA.-Nyt, 14,* 3–6 and W. Wolfensberger (1972). *The principle of normalization in human services.* Toronto: National Institute on Mental Retardation.

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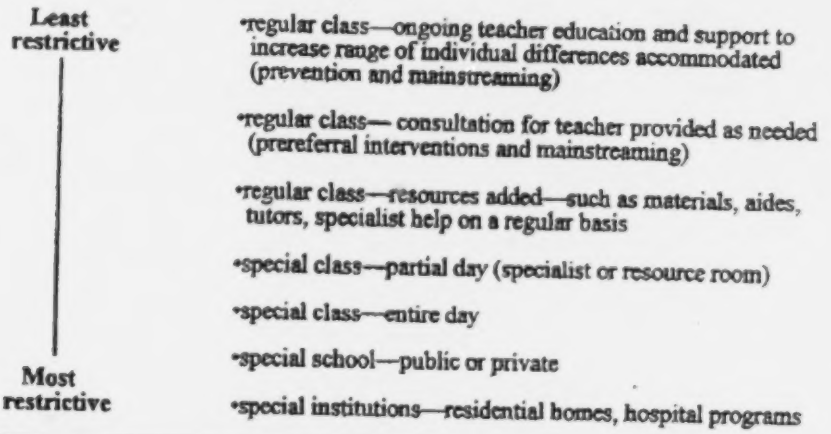
The special education example illustrates the difficulty in applying the principle of least intervention needed. Because of legislation and related regulations in the United States, the concept of least intervention needed quickly became embroiled with demands that (a) schools ensure availability and access to a continuum of alternative placements for students with disabilities and (b) students be placed in the least restrictive environment (LRE). By consensus, the least restrictive placement was described as keeping people in normal situations and using special assistance only to the degree necessary. Thus, placement in a special class is seen as somewhat more restrictive than keeping the individual in a regular class. Full-day placement in a special class is viewed as even more restrictive, and assignment to a special school or institution is even a more restrictive placement (see below). Similar degrees of restrictiveness are assigned in categorizing differences in residential arrangements and vocationally-oriented training programs.

Example: Continuum of Placements for Schooling Conceived as Ranging from Least to Most Restrictive


Least restrictive
•regular class—ongoing teacher education and support to increase range of individual differences accommodated (prevention and mainstreaming)
•regular class— consultation for teacher provided as needed (prereferral interventions and mainstreaming)
•regular class—resources added—such as materials, aides, tutors, specialist help on a regular basis
•special class—partial day (specialist or resource room)
•special class—entire day
•special school—public or private
Most restrictive
•special institutions—residential homes, hospital programs

Obviously, there are interpretative and administrative problems related to such a one dimensional approach to a complex concept such as providing the least intervention needed. A setting designated as least restrictive may lead to extreme future restrictions with respect to an individual's life opportunities if the setting cannot meet the individual's needs. (Note: The assumption often has been made that the least restrictive environment is also the most effective.)

A particular concern in applying the least restrictive environment guideline arises because administrative factors such as financial support and program availability play significant roles in intervention decisions. At times, for example, placements are approached as an administrative rather than a treatment arrangement. When this occurs, individuals are shifted from one setting to another without significant attention to whether the new setting can provide appropriate assistance. Often placement in a setting (regular or special) works administratively; however, if the setting is not capable of meeting individuals' special needs, clearly it is not good practice. In the past, such poor practice often undermined mainstreaming efforts and will certainly plague inclusion initiatives. Obviously, the emphasis on providing *least intervention* has not ensured that *needs* are met. That is why the first and foremost emphasis must be on ensuring needs can be addressed and in ways that produce benefits that outweigh costs.

Once one escapes from the debate over *where* a youngster should be taught, the concern shifts to four fundamental factors that must be considered in meeting students' learning, behavioral, and emotional needs and doing so with the least intervention:

- Is there a full array of programs and services designed to address factors interfering with learning and teaching? (See Figure 1.)
- Is there an appropriate curriculum (including a focus on areas of strength and weakness -- including prerequisites that may not have been learned, underlying factors that may be interfering with learning, and enrichment opportunities)?
- Do staff have the ability to personalize instruction/structure teaching in ways that account for the range of individual differences and disabilities in the classroom (accounting for differences in *both* motivation and capability and implementing special practices when necessary)?
- Does the student-staff ratio ensures the necessary time required for personalizing instruction, implementing special practices, and providing enrichment?

Needed: A Comprehensive, Multifaceted, Integrated Continuum of Programs/Services

As suggested above, for learning in the classroom and home to be effective for some individuals, there must be a full array of programs and services designed to address factors that interfere with learning and teaching. From this persepctive, the concept of *least intervention needed* calls for (1) ensuring availability and access to *a comprehensive, integrated continuum of community and school programs/services,* but (2) only using interventions when they are needed -- and only to the degree they are needed and appropriate.

Figures 2-4 outline the nature and scope of the type of continuum that is essential in designated geographic areas (e.g., local catchment areas) for addressing barriers to student learning. The framework for such a continuum emerges from analyses of social, economic, political, and cultural factors associated with the problems of youth and from reviews of promising practices (including peer and self-help strategies). It encompasses a holistic and developmental emphasis. Such an approach requires a significant range of multifaceted programs focused on individuals, families, and environments. Implied is the importance of using the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity. With respect to concerns about integrating activity, the continuum of community and school interventions underscores that interprogram connections are essential on a daily basis and over time. That is, the continuum must include *systems* of *prevention, systems* of *early intervention* to address problems as soon after onset as feasible, and *systems of care* for those with chronic and severe problems. And each of these systems must be connected seamlessly.

The point is: When the focus is on the concept of *least intervention needed* (rather than LRE) and the concept is approached first from the perspective of need, the primary concern is not about placement, but about a necessary continuum of multifaceted and integrated programs and services for preventing and correcting problems effectively. Moreover, the focus is not just on the individual, but on improving environments so that they do a better job with respect to accounting for individual differences and disabilities. And when the continuum is conceived in terms of integrated *systems* of *prevention* and *early intervention*, as well as *systems of care*, many problems that now require special education can be prevented, thereby ensuring enhanced attention to persons with special needs.

The above material is extrapolated from the following references:

H.S. Adelman (1996). *Restructuring education support services: Toward the concept of an enabling component.* Kent, OH: American School Health Association.

H.S. Adelman & L. Taylor, L. (1993). *Learning problems and learning disabilities: Moving forward.* Pacific Grove, CA: Brooks/Cole.

H.S. Adelman & L. Taylor (1994). *On understanding intervention in psychology and education.* Westport, CT: Praeger.

H.S. Adelman & L. Taylor (1997). Addressing barriers to learning: Beyond school-linked services and full service schools. *American Journal of Orthopsychiatry, 67,* 408-421..

Center for Mental Health in Schools (1996). *Policies and practices for addressing barriers to student learning: Current status and new directions.* Los Angeles, CA: Author. Available by contacting the Center at the Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563.

ABOUT THE CENTER FOR MENTAL HEALTH IN SCHOOLS at UCLA

The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA. The Center is one of two national centers funded by the U.S. Department of Health and Human Services (Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health). For an overview of resources available from the Center, write c/o Dept. of Psychology, UCLA, Box 951563, Los Angeles, CA 90095-1563 or call (310) 825-3634 or use the internet to scan the website http://smhp.psych.ucla.edu

Figure 1. A model for an enabling component at a school site.

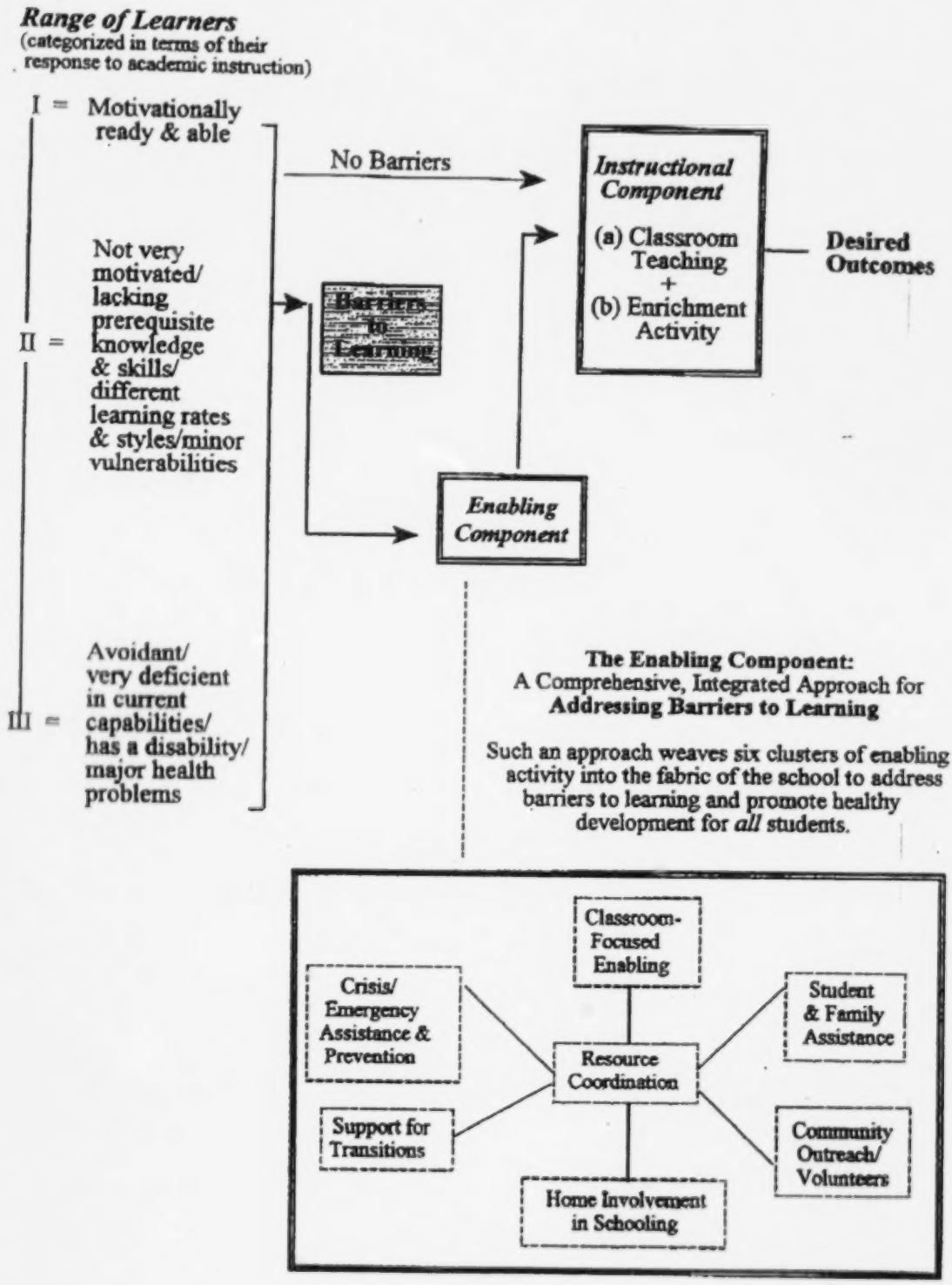

Range of Learners
(categorized in terms of their response to academic instruction)
I = Motivationally ready & able
No Barriers
Instructional Component
(a) Classroom Teaching
+
(b) Enrichment Activity
Desired Outcomes
Not very motivated/ lacking prerequisite
II = knowledge & skills/ different learning rates & styles/minor vulnerabilities
Barriers to Learning
Enabling Component
Avoidant/ very deficient in current
III = capabilities/ has a disability/ major health problems
The Enabling Component:
A Comprehensive, Integrated Approach for
Addressing Barriers to Learning
Such an approach weaves six clusters of enabling activity into the fabric of the school to address barriers to learning and promote healthy development for all students.
Classroom-Focused Enabling
Crisis/ Emergency Assistance & Prevention
Student & Family Assistance
Resource Coordination
Support for Transitions
Community Outreach/ Volunteers
Home Involvement in Schooling

Figure: Addressing barriers to student learning: A continuum of five fundamental areas for analyzing policy and practice.

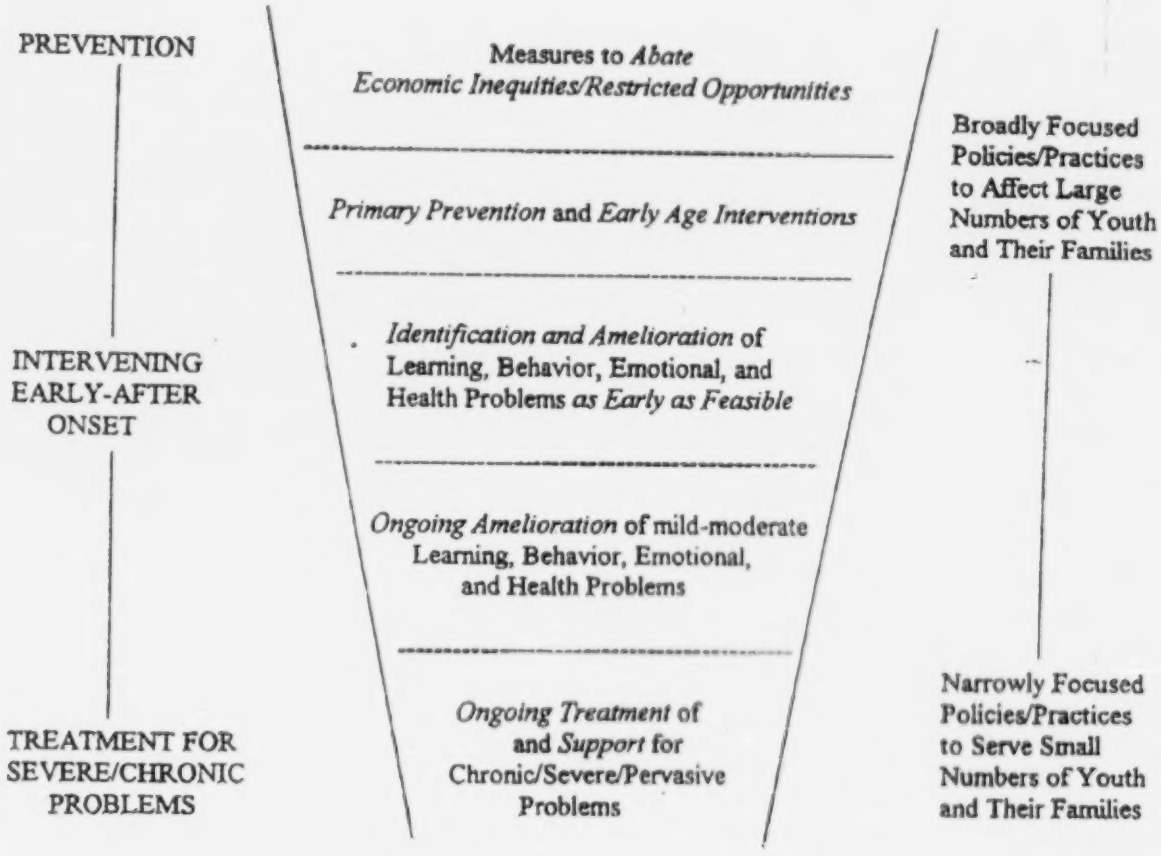

PREVENTION
INTERVENING EARLY-AFTER ONSET
TREATMENT FOR SEVERE/CHRONIC PROBLEMS
Measures to *Abate* *Economic Inequities/Restricted Opportunities*
Primary Prevention and *Early Age Interventions*
Identification and Amelioration of Learning, Behavior, Emotional, and Health Problems *as Early as Feasible*
Ongoing Amelioration of mild-moderate Learning, Behavior, Emotional, and Health Problems
Ongoing Treatment of and *Support* for Chronic/Severe/Pervasive Problems
Broadly Focused Policies/Practices to Affect Large Numbers of Youth and Their Families
Narrowly Focused Policies/Practices to Serve Small Numbers of Youth and Their Families

Figure 3. From Primary Prevention to Treatment of Serious Problems: A Continuum of Community-School Programs

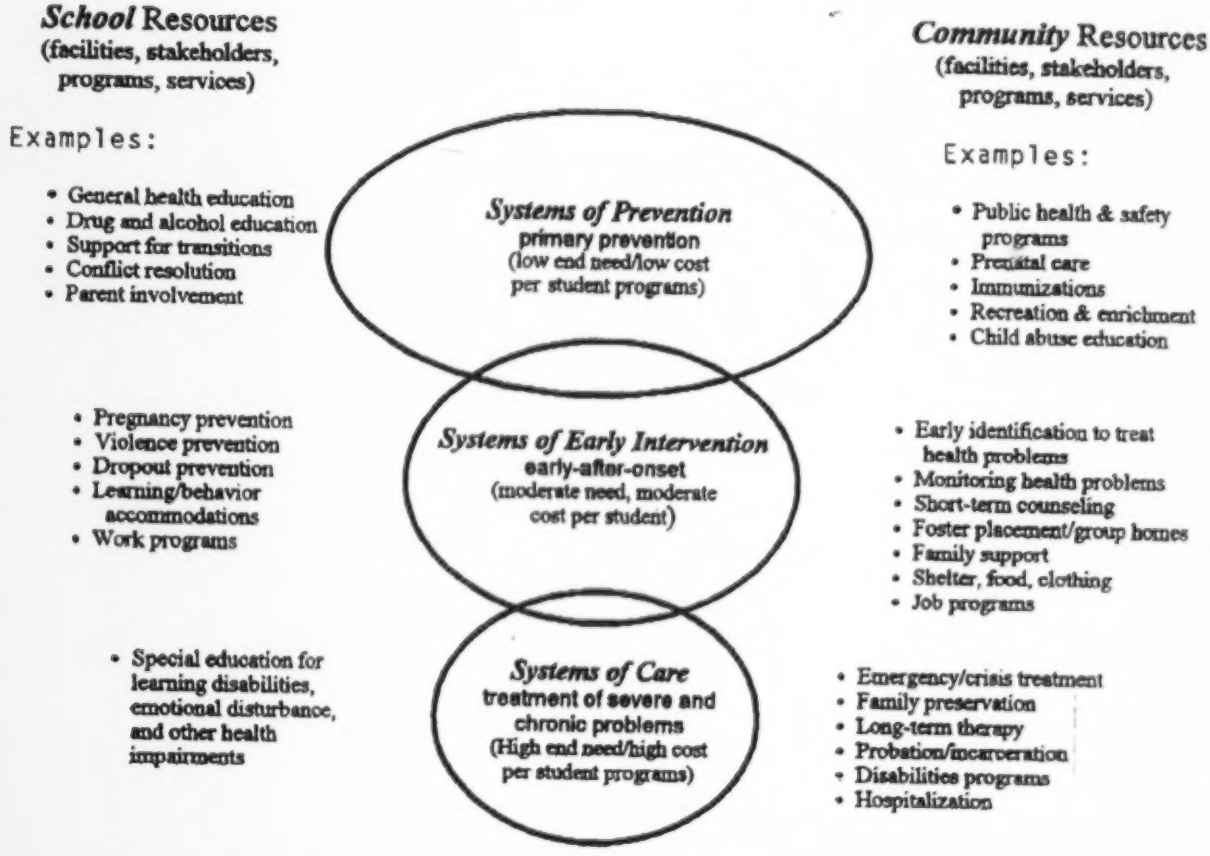
Intervention Continuum	*Examples of Focus and Types of Intervention* (Programs and services aimed at system changes and individual needs)
Primary prevention	1. *Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness* • economic enhancement of those living in poverty (e.g., work/welfare programs) • safety (e.g., instruction, regulations, lead abatement programs) • physical and mental health (incl. healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth)
Early-after-onset intervention	2. *Preschool-age support and assistance to enhance health and psychosocial development* • systems' enhancement through multidisciplinary team work, consultation, and staff development • education and social support for parents of preschoolers • quality day care • quality early education • appropriate screening and amelioration of physical and mental health and psychosocial problems
	3. *Early-schooling targeted interventions* • orientations, welcoming and transition support into school and community life for students and their families (especially immigrants) • support and guidance to ameliorate school adjustment problems • personalized instruction in the primary grades • additional support to address specific learning problems • parent involvement in problem solving • comprehensive and accessible psychosocial and physical and mental health programs (incl. a focus on community and home violence and other problems identified through community needs assessment)
	4. *Improvement and augmentation of ongoing regular support* • enhance systems through multidisciplinary team work, consultation, and staff development • preparation and support for school and life transitions • teaching "basics" of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support) • parent involvement in problem solving • resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth) • comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth) • Academic guidance and assistance • Emergency and crisis prevention and response mechanisms
	5. *Other interventions prior to referral for intensive, ongoing targeted treatments* • enhance systems through multidisciplinary team work, consultation, and staff development • short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)
Treatment for severe/chronic problems	6. *Intensive treatments* • referral, triage, placement guidance and assistance, case management, and resource coordination • family preservation programs and services • special education and rehabilitation • dropout recovery and follow-up support • services for severe-chronic psychosocial/mental/physical health problems

Figure 4. Interconnected systems for meeting the needs of all students

Aims:

To provide a CONTINUUM OF SCHOOL AND COMMUNITY PROGRAMS & SERVICES

To ensure use of the LEAST INTERVENTION NEEDED



Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems* of *prevention*, *systems* of *early intervention*, and *systems of care*.

*Such collaboration involves horizontal and vertical restructuring of programs and services
(a) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies;
(b) with jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters or schools)

APPENDIX E - Initial Perspectives Regarding New Visions for the Continuum

Initial Perspectives Regarding New Visions for the Continuum

Group 1:

- The word "continuum" suggests a linear set of options. This is a wrong message. This word is too restrictive.
- Words are very powerful.
- The words "regular" and "special" are restricting (e.g., credentials).
- State regulations may be blocking or enabling (e.g., which professionals are permitted to teach which students).
- The concept of intensity is problematic. This concept is too linear and interpreted as "less or more is needed and to be served in this or that placement".
- "Cars get services, not children." Children should get education. The terms *placement and services* take the focus away from the child as a person.
- LRE should be a continuum of interventions starting with the least intervention needed.
- There is a continuum of learners who have different needs.
- There is a tendency to look at a label of disability before the educational need.
- The needed instructional methodologies should be considered.
- There is a need to consider what is the appropriate education for the children - not "continuum ravished".
- The things we believe in with regard to education for all our children should be emphasized.
- The focus should be on how do we enhance educational opportunities for all children?
- Is the continuum there to meet the needs of all students and the individual needs of students with disabilities?
- Can we develop a new concept of continuum absent of the word "place"?
- There is a concern about words whose interpretation may stop us from adding necessary aids and supports to an IEP.
- Each student will maximize his/her potential differently, and the ways this will happen should be matched with the general curriculum.
- The needs of each child should be central.

Group 2:

- When we look at the concept of "continuum", how can we appreciate the concept related to a variety of aspects in education?
- How can we return to the basic focus on children and the question, "what's right for this child?"
- How can we move through our different expectations and language differences that tend to promote labels and compartmentalization?
- How can we highlight the importance of children having peers and friends--not necessarily limiting "interaction to what the law says?"
- How can we ensure in practice that we don't fall into the trap of " one solution works for all" and recognize that outcomes for one student will differ from another?

- How can we ensure the intense support and treatment needed by some serious emotionally disturbed children will be available?
- How can we be clear that one-on-one service delivery can be "more" restrictive?
- How can we acknowledge, as educators, that certain specialities are needed and that children are diverse?
- How can we prepare teachers to recognize their own strengths and weaknesses and be ready to ask for help when needed?
- We need to remember that parents play the critical role in a child's first five years--and see this as part of system change.
- How can we increase parental awareness of services and supports and inform parents of options--in spite of limited personal and funding?
- How can we listen to parents before lawsuits and realize the "full disclosure" required by law?
- How can we provide greater and more timely intervention with young children who will need remedial instruction before moving them into special education?
- How can we use special educators in new ways?
- What will be the financial impact (Part B, Section 619) on assessment needs?

Group 3:

- There are problems in perceptions within implementation with two types of approaches--fail first, for most kids and second, the assumption that students in certain groups such as children who are deaf will fail.
- The term *environment* is better than *placement*.
- It is important to consider the impact of regular education reform:
  -- New theories such as multiple intelligences.
  --Implications from students who have equal needs, but who are not labeled under the law.
  --Tremendous variation among students with the same disability.
  --Big issue of assessment and its role in education reform that can dictate placements.
- There is a separation of teacher preparation in general and special education that supports the dichotomy. State certification, however, is also to blame.
- LRE is where we need to start, not only services, but interventions for students.
- The influence of class size and restructuring going on in schools and districts need to be considered.
- In considering a continuum of services vs. placements, there is a need to change how we view the continuum (e.g., not general education on top of a graphic representation of the continuum where all considerations must start).
- The marker of a re-defined system should be supports wrapped around students--not a place. Supports should consider:
  --meaningful membership,
  --quality of educational experience (academic components, and social components), and
  -- the whole culture of a school.

- There will continue to be a need for some students with disabilities to receive their supports within a separate placement. However, rather than to continue to have debates regarding the efficacy of such placements, the focus should be on the types and intensity of supports that students with disabilities would receive within all placements within the continuum.

APPENDIX F - Parameters for a New Vision for the Continuum

Parameters of a New Continuum

Group 1:

- Needs to be realistic and practical (e.g., applicable to a small or large school system or state).
- Is inter as well as intra-agency and expands more into interagency efforts than we have so far.
- Results in more not less opportunities than we have.
- Establishes priorities regarding what matters most to the child.
- Is based on a systems perspective.
- Includes pre-service and continuing education as key to the operation/practice of the continuum.
- Involves the local education leader as a critical player.
- Includes services for children that are not restricted to six hours a day.
- Views the continuum like a paymaster's desk with many cubbyholes from which services could be pulled and combined.
- Focuses on the student with a disability who needs specialized services that are the responsibility of the *whole* school.
- Must be defined and determined individually for each child.
- Assumes the family is key in a child's life.
- Assumes strong collaboration with agencies.
- Delivers services (all health and human services) collaboratively.
- Views the continuum as not linear, but an array of service environments.
- Moves a child toward independence
- Assumes a child's primary relationship with family.
- Provides an array of services and supports no matter where the child's educational placement is.
- Views "school" as the institution that provides educational services.
- Represents a "menu" the IEP team considers as necessary for the child to succeed.
- Considers peers (disabled and non-disabled) in designing a child's program, understands that peers are a support and role model, and provides opportunities for a child to access social networks.
- Includes extracurricular options.
- Is able to meet all of the social, emotional, and educational needs of the child.
- Assumes appropriate school-level support to teachers (including appropriate teacher-student ratios).

Group 2:

- Assumes that all special education teachers are not the same.
- Keeps the individual needs of the child in mind, not just the designation as "special education eligible".
- Creates a sustaining coordination and shared ownership between special and general education.

- Includes attention to language--it is "our classroom" vs. "my classroom".
- Places importance of proactive leadership by trained and skilled administrators.
- Includes content knowledge for special education staff and strategy knowledge for regular education staff.
- Considers the dictating power of scheduling (e.g., art and music teachers slotted first, and not last).
- Assumes school-level control of resources.
- Restructures the way higher education prepares teachers and is involved with schools.
- Considers professional development schools.
- Includes the state's influence and role in making changes happen.
- Includes prevention--early access to programs.
- Requires all teachers have at least entry-level skills for teaching at the grade level--then special skills build on that base.
- Reflects student strengths and needs, measurable student goals, skilled staff in knowledge related to student needs, intensity of supports needed, and a range of environments (full array of supports and services).
- Values process as well as placement.

Group 3:

- Must include an early positive intervention orientation–early in age and early at the onset of problems.
- Has greater expectations and hopes for each student (i.e., assures that the general curriculum is attainable).
- Assumes adequately trained and prepared staff, including ongoing leadership development, as well as ongoing sustained help with practical application.
- Reflects cultural changes (e.g., attitudes will only come with effective leadership).
- Includes opportunities for commendation and interaction with all other children and staff in the school setting.
- Assumes system change necessary to promote healthy (physical, social, emotional growth, and educational).
- Values home, neighborhood and communities--embraces all as part of community "ownership".
- Includes a value that the whole community must address the needs of the whole child.
- Involves collaborative planning (including input from those with different training).
- Values both ambivalence and decision-making.
- Includes a full array of services and supports to enable children.
- Involves strong leadership with an understanding of the body of effective research and practice at the local, state, and federal level.
- Includes an adequate student/teacher ratio that allows for addressing the needs of all students with a sustained support team.

- ❖ Includes ongoing policy input at the reform planning and governance tables from multiple stakeholders (e.g., families, parents, social services, health, etc.).
- ❖ Uses interventions to support and promote the strengths of the child--what is and is not needed to support a given child.
- ❖ Assures that the IEP should flow from the general curriculum.
- ❖ Involves flexible and blended funding streams to promote education for all children.
- ❖ Provides sufficient resources, including human resources.
- ❖ Includes simultaneous and multiple supports for children resulting from thoughtful and objective processes for assessing student needs and recommendations, not past practices and stereotyping attitudes.
- ❖ Provides interventions throughout the life span, especially at critical transitions.

APPENDIX G - Graphic Representations of a New Continuum

0-5 Years

6-13 Years

14-21 Years

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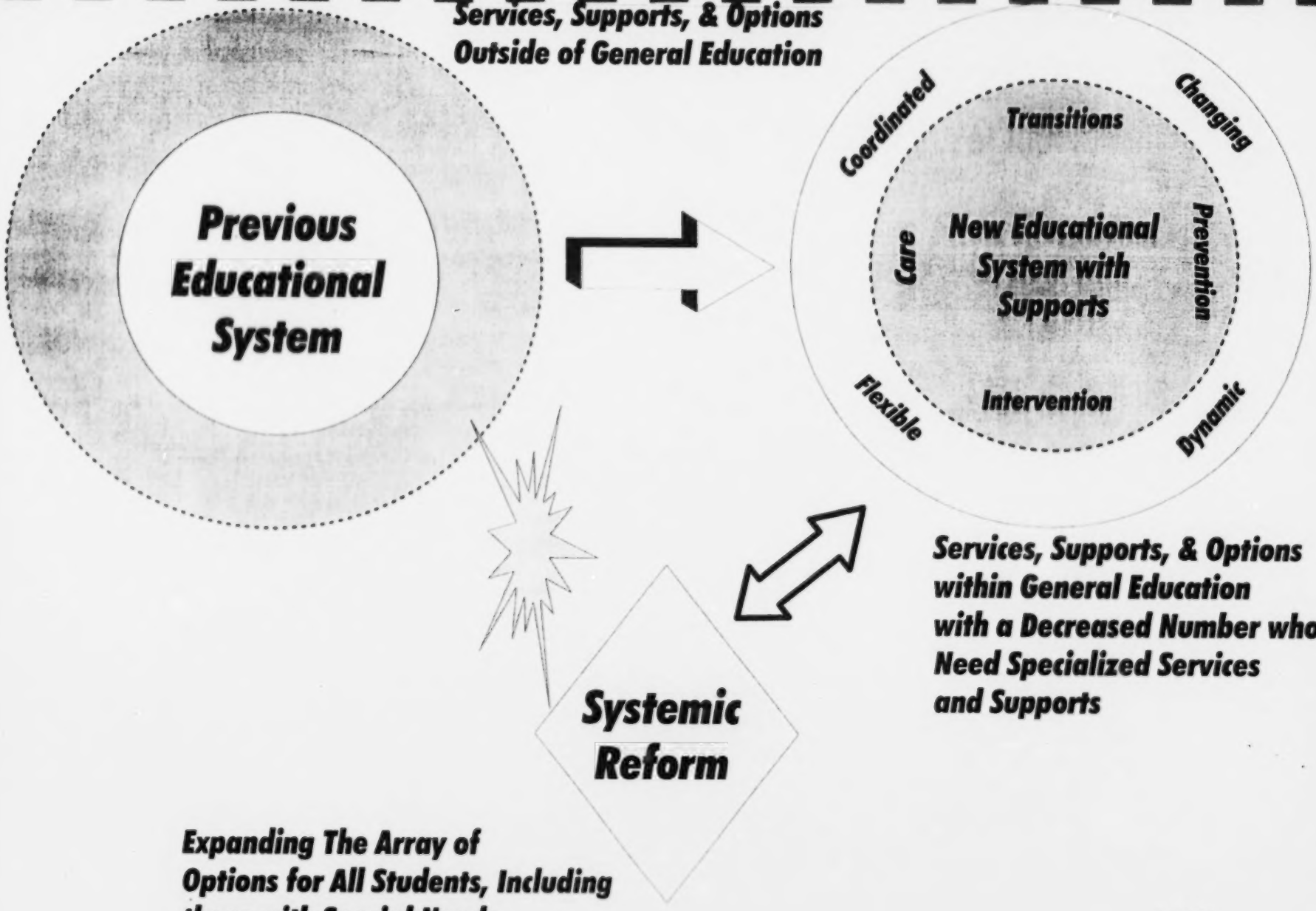

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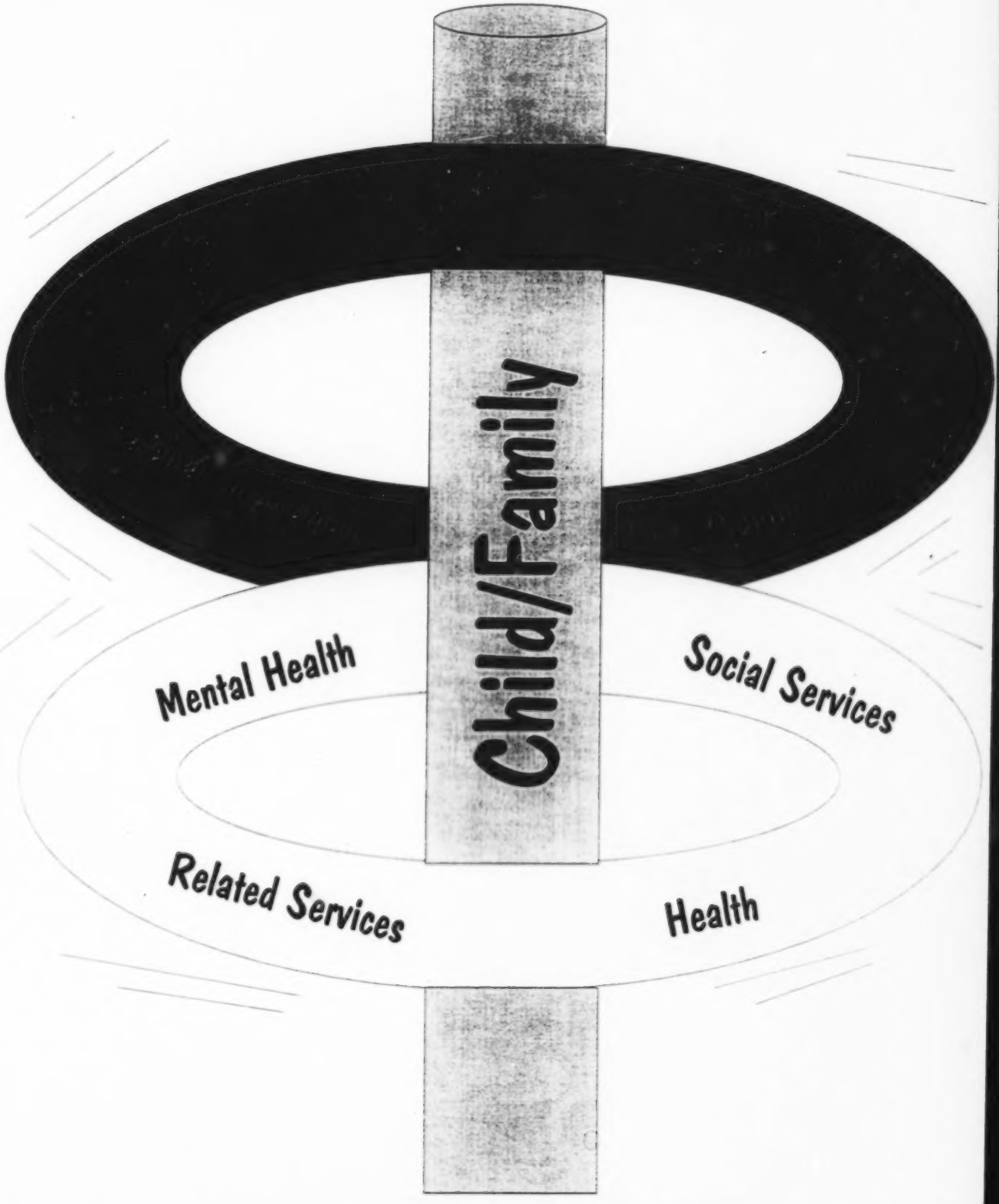
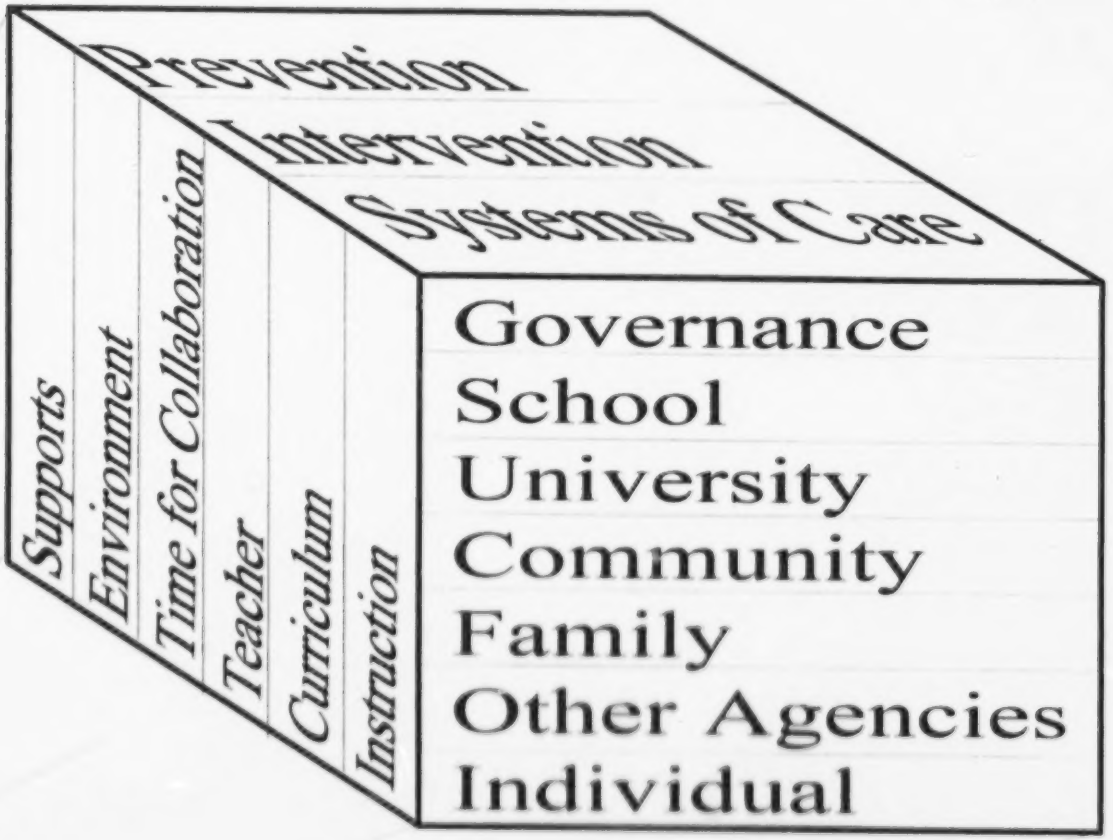


Spheres in Constant Motion and Mutually Supportive


Prevention
Intervention
Systems of Care
Governance
School
University
Community
Family
Other Agencies
Individual
Supports
Environment
Time for Collaboration
Teacher
Curriculum
Instruction